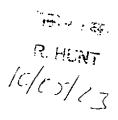


(F	Requestor's Name)	
	Address)	
V	1001033)	
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PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	iling Officer;	

Office Use Only





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE TULEYRIES, LLC	 -	
Please Debit FCA000000003 For: 25		
Thank you Seth Neeley		
At 1/2/	Art of Inc. File	
	LTD Partnership File	2023 GOT
	Foreign Corp. File	
	L.C. File	<u>ئ</u> ن
	Fictitious Name File	
	Trade/Service Mark	F. 12: 40
	Merger File	<u> </u>
	Art, of Amend, File	0 .
	RA Resignation	
	Dissolution / Withdrawal	_
	Annual Report / Reinstatement	
	Cert. Copy	,
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	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	
/ .	Officer Search	
	Fictitious Search	
Signature	Fictitious Owner Search	_
	Vehicle Search	
	Driving Record	
Requested by: SETH	UCC 1 or 3 File	
Name Date Time	UCC IT Search	
name Date time	UCC II Retrieval	
Walk-In Will Pick Up	Courier	

COVER LETTER

TO: Registration S Division of Co			
	EYRIES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARK G. TURNER, ESC	2	
		Name of Person	
	STRAUGHN & TURNER	R, P.A.	
		Firm/Company	
	255 MAGNOLIA AVE, S	w	-
		Address	·· ····
	WINTER HAVEN, FL 33	880	- - -
		City/State and Zip Code	
	rvick33333@aol.com		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please o	all:	
Mark Turner/Bonnie Br	own	863 293-1184	
Name o	of Person		nc Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ction
Division of (Division of Co	
P.O. Box 632	27	The Centre of T	Callahassec
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE TULEYRIES, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our reco fords Limited Liability Company)	irds.)
The Articles of Organization for this Limited Liabil Florida document number L23000452509	lity Company were filed on October 2, 202	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
136 TULEYRIES LANE, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	23
Enter new mailing address, if applicable:		ى بىرى بىرى بىرى بىرى بىرى بىرى بىرى بى
(Mailing address MAY BE A POST OFFICE BO	X)	
		2 1/4
		0
B. If amending the registered agent and/or registered agent and/or the new registered office address h		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street odd	bess
	,	Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 9ECCA273-75C2-4904-9140-203E06E9BA59

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□ Add
			🗀 Remove
			Change
			Add
			□ Remove
			☐ Change
			□Add
			Remove
			Change
			TRemove
			Change
			□Add
			□Remove
			□ Change

DocuSion	Envelope in:	QECCA273.7	507-4004-014	10-203E06E9BA59
Downsign	CITYCIOPE ID.	SCCCHA13-1	362-4904-914	10-502E00E3BV28

				
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				40
				
Tective date, if other than the neffective date is listed, the date must stee. If the date inserted in this blocument's effective date on the De	ick does not meet the applic	able statutory filing requ	(optional) in 90 days after filing.) Pur sirements, this date will	rsuant to 605.02 I not be listed a
ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after th
October 4,	2023			
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ranal Vich				

Filing Fee: \$25.00