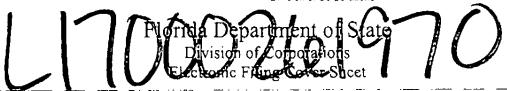
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003629613)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

Phone : (305)444-6226 Fax Number : (305)442-4829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P11		
Email Address:		

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TINGO DEVELOPMENTS LLC

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SEP 2 9 2021

S. PRATHER

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Help

# **COVER LETTER**

TO: Registration Division of C			
_	DEVELOPMENTS LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing	
	pondence concerning this matte	<del></del>	
	LAURA KOHN		
		Name of Person	
	ARAZOZA & FERNAN	DEZ-FRAGA P.A.	
	· <u> </u>	Firm/Company	
2100 SALZEDO STREET, SUITE 300			
		∧ddress	
	CORAL GABLES, FL 33	134 USA	
		City/State and Zip Code	
	EAURA@ARAZOZA.CO	M (to be used for fiture annual report notification)	
For further information	concerning this matter, please of	·	
LAURA KOHN		305 444-6226 Ext 233	
Name	of Person	Area Code Daytime Telephone Number	-
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	■ \$30.00 filing Fcc & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	tatus &
Mailing Address Registration Division of C P.O. Box 633	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassce,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

# ARTICLES OF AMENDMENT

ARTICLES	OF ORGANIZA OF	TION	EP 2
TINGO D	EVELOPMENTS LLC		8 PH FE, FI
(Name of the Limited Liability (A Florida)		ers on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number		12/26/2017	ORIDA 1: 28
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u> -	
	<del>,</del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street uddress	<del></del>
	- ''	. Florida	
	Clov		Zip Code

#### New Registered Agent's Signature, if changing Registered 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 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>	Name	Address	Type of Action
MGR	MARIA LUISA LANIADO	900 BISCAYNE BLVD.	■Add
		APT 3910	ФКоточа ↔
		MIAMI, FL 33132	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			CIAdd
			□Remove
	·		☐ Change
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an effective	date is listed, the date must be specific date inserted in this block does neffective date on the Department	and cannot be prior to de tot meet the applicable	ate of filing or more then 9	days after fillion ) Presnant	to 605.0207 (3) be listed as the
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ocument's record spe Lis filed.	ifies a delayed effective date, but TEMBER 24	1 a memoer or authorized	representative of a memb	or .	<del>.</del>
vote: If the locument's record spe d is filed.	ifies a delayed effective date, but TEMBER 24	1 a memoer or authorized	representative of a memb	er PRP, THE MANAGER	2021 : SECR TALLA

Filing Fee: \$25.00