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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

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COVER LETTER

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SUBJECT		ENTERPRISES GROUP LLC	•	
SUBJEC	·	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ım all correspo	indence concerning this matter	to the following:	
		Jorge Tume		
			Name of Person	
		TAMIAMI ENTERPRISE	S GROUP LLC	
			Firm/Company	
		28140 sw 132 ave		
			Address	.
		Homestead, FL 33033		
			City/State and Zip Code	
		Tume@bellsouth.net		
			to be used for future annual repor	t notification)
For furthe	r information c	oncerning this matter, please ca	ıll:	
Jorge Tur	ne		786 346-28	18
	Name o	f Person		aytime Telephone Number
Enclosed	is a check for t	ne 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TAMIAMI ENTERPRISES GROUP LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were	filed on 8/16/2006 and assigned
Florida document number L06000081191	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	38 SE
(Principal office address MUST BE A STREET ADDRESS)	AUG
	ORPER PER PER PER PER PER PER PER PER PER
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
C	ry Zip Code

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

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
MGR	Francis Akira Tume La Rosa	28140 SW 132nd Ave Homestead,	■ Add
			☐ Remove
			Change
MGR	Jorge Antonio Jesus Tume La Rosa	28140 SW 132nd Ave Homestead.	■ Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			🖸 Add
			Remove
			☐ Change

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ective date, if other than the date effective date is listed, the date must be slee: If the date inserted in this block dument's effective date on the Department.	pecific and cannot be oes not meet the a	pplicable statu	filing or more that tory filing requ	(optiona 190 days after fili rements, this da	ng.) Pursuant to 605.0
record specifies a delayed effi he 90th day after the record i		it not an eff	ective time,	at 12:01 a.m	ı. on the earlie
ed	<u>2018 </u>	<u></u>			

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Filing Fee: \$25.00