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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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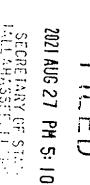
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	TA CAMERON 1	Howing LTD W	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
RAJEEN	PAMOITSPIRE	CROUP INC -	
	1	Name of Person	
	SPIRE	GPOUP INC .	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	6847 NW	107 TERFACE	
		Address	
	PARKLAND	1, FL 33076	
		City/State and Zip Code	
	Julian	. a. Carrieron (@ grand. Com .
			heation)
For further information c	concerning this matter, please ca	all:	
RAJEEN	TIEMA	at (<u>954)</u> <u>298</u> – Area Code Daytim	4474
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	.1		
☐ \$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 Addres	58:	Street Address:	
Registration 3	Section	Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
1.0.000.002		The Centre Of L	WHITE COLUMN TO THE COLUMN TO

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

JA CAHERON	40 DINGS 17 8021 AUG 27 PH 5:10
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company) ALLAHASSEE, FIELD
The Articles of Organization for this Limited Liability Company Florida document number <u>1080003273</u>	y were filed on 10 2008 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MIA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N) A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new re-
agent and/or the new registered office address here:	. •
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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

Title	<u>Name</u>		Address		Type of Action
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n effective o <mark>te:</mark> If the	date is listed, the date inserted	e date must be speci	ific and cannot be p s not meet the app	rior to date of filing plicable statutory	or more than 90 da	rys after filing.) Pursua nts, this date will no	
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ted	8	24/2021	·	•			
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Typed or printed name of signee