L08000051100

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(Address)
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(Document Number)
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COVER LETTER

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	ation Section n of Corporations	
	UCI worldwide	
SUBJECT:	Name of L	imited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are s	ubmitted for filing.
Please return all	correspondence concerning this matt	er to the following:
	STACEY CARBI	
		Name of Person
	TUUCI LLC	
		Firm/Company
	1000 SE 8TH STREET	
		Address
	HIALEAH FL 33	
		City/State and Zip Code
	SJAMESON@TUUCLC	
	E-mail address	(to be used for future annual report notification)
For further inform	mation concerning this matter, please	call:
stacey earbi		305 636-7892 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
■ \$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Address:</u> ration Section	Street Address: Registration Section
	on of Corporations	Division of Corporations
	ox 6327 assee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUUCI LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L08000051100	/ Company were filed on 05/22/2008	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	_1·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	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>	<u>Name</u>	<u>Address</u>	Type of Action
PRES	PARKER, THOMAS M	1000 SE 8TH STREET	
		HIALEA, FL 33010	■Remove
			□Change
PRES	DAVID SCHUTTE	1000 SE 8TH STREET	ॼ Add
		HIALEAH, FL 33010	□Remove
			□Change
GENCOL	PARKER, THOMAS	1000 SE 8TH STREET	Add
GENCOUNCE	L	HIALEAH, FL 33010	□Remove
			□ Change
		_	□Adđ
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Iffective date, if other than the d fan effective date is listed, the date must b		prior to date of filing or i	option (option nore than 90 days after file	
Note: If the date inserted in this bloc document's effective date on the Dep			ng requirements, this d	ate will not be listed as t
southern's effective date on the 17ep	artificiti of thate 3 fee	,ordo.		
record specifies a delayed effective	date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.				3
ADDIL MATU	2021			
Dated APRIL 29TH,	. 2021	·		
	Then,	2		ä in
		authorized representativ	a of a member	90 HIR
S	ignature or a riterroce or	authorized representativ	c or a member	

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Filing Fee: \$25.00