## L08000051100

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entry Name)
(Document Number)
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
	ORLDWIDE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STACEY CARBI		
	<del>-                                    </del>	Name of Person	
	TUUCI, LLC		
		Firm/Company	
	1000 SE 8TH STREET		28
		Address	1,
	HIALEAH, FL 33010		4 H 2
		City/State and Zip Code	1
	SJAMESON@TUUCI.CON		
	E-mail address: (t	o be used for future annual report notification)	150
For further information of	oncerning this matter, please ca	all:	(A)
STACEY CARBI		305 636-7892	
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:		
√ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address		Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahasse	
Tallahassee,	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUUCI WORLDWIDE, LLC	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number L08000051100	led on 05/22/2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp.	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	267
Enter new mailing address, if applicable:	) (** (**) 
(Mailing address MAY BE A POST OFFICE BOX)	27
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	·····
Name of New Registered Agent:	<del>.</del>
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
City	. Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform	

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. Thereby 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
OFFICER	FRANK TAFF	1000 SE 8TH STREET	□Add
		HIALEAH, FL 33010	■Remove
			□Change
			□Add
			□Remove
			Change □
			~ - Add
			ःञ्रिRemove ऽः ऽः □Change
			□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605, the applicable statutory filing requirements, this date will not be listed as records.
cord specifies a delayed effective date, but not an ef i filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed June 20	23 Clarke
~~ (~~ (	

Filing Fee: \$25.00