## L12000068768

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

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT: TR	S Holding U				
SOBJECT:	Name of Lim	ited Liability Company	····		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Thomas R TBS Hold	Name of Person			
		firm/Company			
	3349 NV	N 110th St. Address		<b>2023</b> FALL	
	Branford	F1 32008		<b>2023</b> J.F 9 <b>S</b> I Sia J.S 9	
	Sturgeon. E-mail address: (1)	City/State and Zip Code  T 2 Comcast, r to be used for future annual report notifi	net	JET –9 AH 9: <b>43</b> Ahasketeta 5	ت. ت.
For further information c	oncerning this matter, please ca			- Ε - Ε - Ε - Ε - Ε - Ε - Ε - Ε - Ε - Ε	
Thomas S	TPerson )	at ( <u>A53)</u> 381 Area Code Daytime	- Ol Ol		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration S Division of C	oction orporations	Street Address: Registration Section Division of Corp	orations		
P.O. Box 632	7	The Centre of Ta	Hahassec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y as it now appears on our rec	cords.)
The Articles of Organization for this Limited Liability Company of Florida document number 412000000000000000000000000000000000000	were filed on 5.00	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company " the designation "!	I (" or the abbreviation " I ("
·	cy company, the designation of	70 TE
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		2.4
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- F
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>em</u>	ter the name of the new registered
Name of New Registered Agent:	·····	
New Registered Office Address:	Enter Florida street ada	dress
	,	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 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
AMBR	Adrienne Sandman	2145 Dale Lane	[]Add
		2145 Dale Lane Coco Bch, F1. 32926	Xemove
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		<del></del>	□Add
		- <del></del>	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess)	ary.)	
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E. Effective date, if other than the date of filing:	ng.) Pursuant to 605	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day afte	er the
Dated CCM Per . 2022.  Signature of a member or authorized representative of a member		
Thomas B. Sturgeon Typed or printed name of signee		

Filing Fee: \$25.00