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## H13000183845

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| T.A. CASE MANAGEMENT SERVICES (Name of the Limited Liability Company of it now appears on our records.)         | ILC. |
|---|------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |      |
| (A Florida Limited Liability Company)   |      |
| O7 20 10  |      |

| (****  | orian Barring Simpling Company,           | ,                                |                      |  |  |
|--|---|----------------------------------|----------------------|--|--|
| The Articles of Organization for this Limited Liabi  |   | 7-30-12 and                      | d assigned           |  |  |
| Florida document number  | 100 10                                    | -                                | 0                    |  |  |
| This amendment is submitted to amend the following   | ing:                                      |                                  | SECRETI<br>IVISION O |  |  |
| A. If amending name, enter the new name of th  | a limited liability company bero          | •                                |                      |  |  |
| amovating nation care take new statine of the  | e minten madifity tompany acre            | •                                | _ <del>v</del> ga    |  |  |
| •  | • .                                       |                                  | <b>골.</b> 작목         |  |  |
| The many many many to the state of the state | WY 1 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                  |                      |  |  |
| The new name must be distinguishable and end with the "L.L.C."   | ne words "Limited Liability Compan        | y," the designation "LLC" or     | the abbreviation     |  |  |
| Lakata.  |   |                                  | ω ≓E                 |  |  |
|  |   | ,                                | 5                    |  |  |
| Enter new principal offices address, if applicable   | e;  | <u> </u>                         |                      |  |  |
| (Principal office address MUST BE A STREET A   | ላ ስ ስ <i>ክ ድ</i> ሮ ሮ ነ                    |                                  |                      |  |  |
| TIMEDIA OFFICE HALDESS IN COL DE A STREET  | 1DDRLSS)                                  |                                  | <del></del>          |  |  |
|  |   |                                  |                      |  |  |
| •  | <del>,</del>                              |                                  |                      |  |  |
|  |   | •                                |                      |  |  |
| Enter new mailing address, if applicable:  |   |                                  |                      |  |  |
| •  |   |                                  |                      |  |  |
| (Mailing address MAY BE A POST OFFICE BO   | <u> </u>                                  |                                  |                      |  |  |
|  |   |                                  |                      |  |  |
|  |   |                                  | <del></del>          |  |  |
|  |   |                                  |                      |  |  |
| D. If amounting the mentation is a second and the  |   |                                  | & 40                 |  |  |
| B. If amending the registered agent and/or   |   | ir records, <u>enter the han</u> | ie of the new        |  |  |
| registered agent and/or the new registered office  | e address here:                           |                                  |                      |  |  |
|  | •   |                                  |                      |  |  |
| • •  | •   | • •                              |                      |  |  |
| Name of New Registered Agent:  |   |                                  |                      |  |  |
|  |   |                                  |                      |  |  |
| New Registered Office Address:   | ·   |                                  |                      |  |  |
| Han Rogistada Office Addiess.  | Enter Florida street address              |                                  |                      |  |  |
| • •  | Ente                                      | i i ioi iaa sireei aaaress       |                      |  |  |
|  | . Florida                                 |                                  |                      |  |  |
| -  | City                                      | Zip (                            | Code                 |  |  |
|  | - /                                       |                                  | <del>-</del>         |  |  |

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Manager MGRM = Managing Member |                          |                                 |                                    |                      |  |  |
|--------------------------------------|--------------------------|---------------------------------|------------------------------------|----------------------|--|--|
| Title                                | Name                     | Address                         |                                    | Type of Action       |  |  |
| MGRM                                 | KAFAEL                   | CASTELLONMIR                    | 1350 SW 57A                        | VERAdd<br>Remove     |  |  |
|                                      |                          |                                 |                                    | Add Remove           |  |  |
|                                      |                          |                                 |                                    | Add Remove           |  |  |
|                                      |                          |                                 |                                    | Add Remove           |  |  |
| · .                                  |                          | ·                               |                                    | Add<br>Remove        |  |  |
|                                      |                          |                                 |                                    | Add                  |  |  |
| D. If amendi                         | ing any other informatio | n, enter change(s) here: (Attac | ch additional sheets, if necessary | 2)                   |  |  |
| · .                                  |                          |                                 |                                    | SECRE<br>DIVISION (  |  |  |
|                                      |                          |                                 |                                    | TO AN                |  |  |
| Dated                                |                          |                                 | 4                                  | SIANE STATIONS 7: 30 |  |  |
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|                                      |                          | Page 2 of 2                     |                                    |                      |  |  |
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