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0.86768

COVER LETTER

TO: Registration Section
Division of Corporations

SURVECT: TL 2000 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS LIZARRAGA

Name of Person

TL 2000 LLC

Firm/Company

7201 NW 27 AVENUE

Address

MIAMI, FL 33141

City/State and Zip Code

UNDERWRITERS@PSICOMPANIES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LIZARRAGA

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TL 2000 LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

· · · · · · · · · · · · · · · · · · ·	(A Florida Limited Liabi	lity Company)	
The Articles of Organization for this Limited Florida document number L130000392	Liability Company wer	re filed on <u>03/15/20</u>	13 and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and end v "L.L.C."	with the words "Limited I	Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	 -		
	_		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		
B. If amending the registered agent and	d/an magistanad affica	adduses on our rose	ude enter the name of the north
registered agent and/or the new registered		address on our reco	rus, enter the name of the new
Name of New Registered Agent:	CYNTHIA VE	LASQUEZ	
New Registered Office Address:	6912 NW 72	AVENUE	
		Enter Florid	da street address
	MIAMI		Florida 33166
	Ci	ity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I haraby account the annaistment as a sister	und agant ad		I fouther among to some house
I hereby accept the appointment as registed the provisions of all statutes relative to the			

Page 1 ol 3

d Agent, Signature of New Registered Agent

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 wellness, I hereby confirm that the limited liability

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 MGR	Name LIZARRAGA PROMINENT	7201 NW 27 AVENUE MIAMI, FL 33141	Add Remove
MGR	GLEDA BRITO	7201 NW 27 AVENUE	✓ Add
		MIAMI, FL 33141	Remove
			Add Remove
			Add Remove
			Add Remove

		<u> </u>
		······································
X.		
- ga	Signature of a member or authorized representative of a me	mber
	Typed or printed name of signee	
	Page 3 of 3	¥. a
	Filing Fee: \$25.00	

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