L13000	
(Requestor's Name)	
(Address) (Address)	000427991140
(City/State/Zip/Phone #)	0%/18/1% +61011++610 (***89.60)
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	FILED 2024 APR 19 PH 3: 17 SECRETARY OF STATE TALLAHASSEE, FL
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

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TLZ Enterprises, LLC

SUBJECT: _____

Name of Limited Liability Company

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

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Please return all correspondence concerning this matter to the following:

	Latarra Hornes		
		Name of Person	
	TLZ Enterprises, LLC Firm/Company		
	8513 Hunters Fork Loop		
	Address		
	Ruskin, FL 33573		
		City/State and Zip Code	
	Tarra@tarrahornes.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Latarra Hornes		352 213-3728 at ()	
Name of Person			Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Table Number	porations allahassee
Tallahassee, FL 32314		Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLZ Enterprises, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 17, 2013

_ and assigned

Florida document number L13000056072

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tarra Hornes, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

208 Oakfield Drive #1099

Brandon, FL 33511	
	2020 SEC
208 Oakfield Drive #1099	
Brandon, FL 33511	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address		
	Enter Florida street add	Iress
		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, <u>enter the title, name, and address of each person_being adc</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Add
			🖸 Remove
			Change
			□Add
			Петюvс
			□Change
			□ Add
			Change
_ .			🗆 Add
			Change
			🖸 Add
			□Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 1	2024
	XAC
	Signature of a member or authorized representative of a member
Lat	arra Hornes
	Typed or printed name of signee