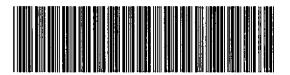
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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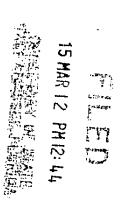


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J. Shivers MAR 3 0 7875

, · Co	OVER LETTER	→ 3
TO: Registration Section Division of Corporations		•
SUBJECT: TSL GOVMET EN Name of Limited	terprises LLC d Liability Company	<u>, </u>
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
Lucas 3	Brandt Name of Person	
Is L Govern	et Enterprises Firm/Company	LLC.
3783 WOO	d walk bloo Address	
	FL 33467 City/State and Zip Code Sero C AOL. LO M be used for future annual report notific	
For further information concerning this matter, please call:	•	cation)
Lucas Brandt Name of Person	at(<u>954)</u> _465-	0414
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Boxed{\sigma}\$\$\$\$\$S25.00 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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 1300157883	any were filed on 11-12-2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	and the second
	Enter Florida street address , Florida
	City Gift Zip Code (1)
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MbR	SEBASTIANELLO SUDANO	5837 Northpoint LN	
		Baynton Beach F1 32437	Remove
			🗆 Add
			□ Remove
			□ Add
			Remove
			Add
			Repove
<u>.</u>			□ And The Total Control of th
			Remove

	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· •
(ffective date, if other than the date of filing:
	ated march 10 2015.
	Signature of a member or authorized representative of a member
	Lucas Brandt
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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