L13000164707

| (Requestor's Name) | | | | |
|---|---|--|--|--|
| (Address) | | | | |
| (Address) | _ | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | _ | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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T. MATTHEWS MAR 14 2022

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| or | TIFFANY TO | WNCAR LLC | • | 22 HAR -3 FH 3: 16 | |
| SUBJECT: | | Name of Limi | ted Liability Company | | |
| The enclose | d Articles of Am | nendment and fee(s) are subr | mitted for filing. | | |
| Please return | all corresponde | ence concerning this matter | to the following: | | |
| | | GALAL GALAL | | | |
| | | | Name of Person | | |
| | | TIFFANY TOWNCAR LL | .c | | |
| | | | Firm/Company | | |
| | | 7901 KINGSPOINTE PKV | VY SUITE 28 | | |
| | | | Address | | |
| | | ORLANDO FL 32819 | | | |
| | | E-mail address: (1 | City/State and Zip Code | ncar@gmail.com | |
| For further i | information con | cerning this matter, please ca | all: | | |
| KARIM KA | ADRY | | at (718) 200 - | 5025 | |
| | Name of P | crson | 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) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| М | ailing Address: | | Street Address: | | |

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TIFFANY TOWNCAR LLC

22 HAR - 3 PH 3: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2022}{1}$ Florida document number _ L13000164707 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NONE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NONE Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) 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: NONE Name of New Registered Agent: 7901 KINGSPOINTE PKWY SUITE 28 New Registered Office Address: Enter Florida street address _____. Florida 32819 Zip Code ORLANDO

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.

City

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 |
|--------------|-----------------|---------------------------------|-----------------|
| MBR | MARITZA POSTELL | 3713 S LAKE ORLANDO PKWY UNIT 1 | □ Add |
| | | ORLANDO, FL 32808 | = Remove |
| | | | □ Change |
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| | | | Remove |
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| | Title MBR |
|--|--|
| N | Aaritza Postel |
| 3 | 713 S. Lake Orlando Pkwy - Unit 1 |
| 0 | Orlando, FL 32808 |
| _ | |
| [r | addition, we would like to change the business address to: |
| 7' | 901 Kingspointe Pkwy Suite 28 |
| 0 | rlando, FL 32819 |
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| | 02/17/2022 |
| lffectiv f an effe | ve date, if other than the date of filing: |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| Note: 1 docume | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. In 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 |
| Note: I docume record d is file | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. In 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 |
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| Note: I docume record d is file | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. It is specified a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the end. |