44000134060

(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
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SECRETARY OF STATE

TILED

COVER LETTER

	on Section f Corporations		
TPV, SUBJECT:	rrc		
DODULET,	Name of Lin	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Jesenia Gil		
		Name of Person	
	Foremost Title & Escrov	v Services, LLC	
	-	Finn/Company	·
	18851 NE 29th Avenue,	Suite 1005	
		Address	
	Aventura, FL 33180		
	SAME AS THE ONE ON	City/State and Zip Code FILE	
	E-mail address: (to be used for future annual report notifi	ication)
For further informat	ion concerning this matter, please ca	all:	·
Jesenia Gil		305 935-4440	
N:	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
≘ \$25,00 Filing Fe	ce \$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)
М	AILING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 SEP -7 AM 11: 26

TPV, LLC

SECRETARY OF STATE TALLAHASSEE. FL

(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 L. Florida document number L14000134060	iability Company	were filed on 8/26/201	and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)	,=	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			records, enter the name of the new
New Registered Office Address:		Enter Florida stre	pet address
		City	, Florida Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my di provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TPV Investments LTD.	Marcy Building, 2nd Floor, P.O. Box 2416	
		Road Town, Tortola VG	■ Remove
			Change
			bbA □
		Remove	
		Change	
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			[] Change

D, Afjan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 28 , 2018
	Signature of a menuter or authorized representative of a member
	Edson Correa Queiroz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00