## L140001 35549

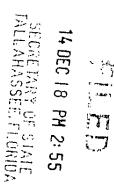
(Req	uestor's Name)	
(Add	ress)	
, (Add	ress)	
( )	·,	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D		
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
:		

Office Use Only



600267233326

12/18/14--01014--001 \*\*25.00



## **COVER LETTER**

\*

SUBJECT:
Name of Limited Liability Company
The enclosed Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiffang Sollivan Name of Person
Tifany A. Sullivan, P. A.
4507 Woodbine Rd
Pace, FL 32571
Pau FL 32571  City/State and Zip Code  + Sullivan @ Sullivan - law. com  E-mail address: (to be used for future annual report notification)
For further suffer matter, concerning this matter, please call:
Ti Han Sullivan at (850) \$89-4012  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$40.00 Filing Fee, Certified Copy (additional copy is enclosed)

MATLING ADDRESS: Calcutation Section

Regist (flow Section Division of Corporations

Dixation of Corporations P.O. Box 6327

## 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

Tcebar, LLC		
(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 8/29/19	and as	signed
Florida dozument number L14 000 1358 49.		
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 and co-constinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	he abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office eddress MUST BE A STREET ADDRESS)		
Enter new may regarddress, if applicable:  (Mailing address - MAY BEA POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enterestered agent and/or the new registered office address here:	er the name	of the new
Name (New Registered Agent:	사망 <b>미</b>	Marie Alberta
New Parted Office Address:	18 \$\$#	E. e. 440.5.7
Enter Florida street address	PH 2	Stock a Name of
, Florida	Z Fip Classe	
New Registered Agent's Signature, if changing Registered Agent:	0.≻ 5	

I hereby acce, the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of cill steades relative to the proper and complete performance of my duties, and I am familiar with and accept the oblig mans of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to the reflect a change in the registered office address, I hereby confirm that the limited liability company has be reflect in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manning r . . . AMBR = Authorized Member **Title** <u>Address</u> **Type of Action**  $\sum_{11112}$ Joselyn E. Levegue 100 middle Alantation Cir XAdd Gulf Breeze, FL 32561 - Remove □ Add ☐ Remove \_ Add \_\_\_\_\_ 

Remove □ Add \_\_ 🗆 Add 

If amending the Hanagers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Monther being added or removed from our records:

·	
Tective d	who if other than the date of filing:  (ontional)
e effective	rite if other than the date of filing: (optional) The most be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
io effective io date this	the most be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so that is filed by the Florida Department of State)
no effective no date this	the most be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so that is filed by the Florida Department of State)
io effective io date this	Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)  Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)
no effective no date this	Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)  Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)
no effective no date this	Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)  Of the short be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after some is filed by the Florida Department of State)
he effective he date this	the most be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so that is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SHATE TALLAHASSIF, FLORIO