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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADERAS DEL CENTRO LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
		and assigned
The Articles of Organization for this Limited Liability Company	word 11100 on	
Florida document number L14000137873		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elithica bison	2340 C WEST 8TH COURT	262 FACE
Enter new principal offices address, if applicable:	HIALEAH, FL 33010	25 3
Principal office address MUST BE A STREET ADDRESS)	HIALBAH, FE 33010	
		85 <del>5</del>
	•	F OF PA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		GR 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	
agent and/or the new registered office address fiere:	address on our records, enter the	
Name of New Registered Agent:	Enter Floridu street address	name of the new registe
Name of New Registered Agent:		name of the new registe
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address, Florida City	name of the new registe
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	Enter Florida street address  City  Li  Li  Li  Li  Li  Li  Li  Li  Li  L	name of the new registe  1a Zip Code
Name of New Registered Agent:  New Registered Office Address:	Enter Floridu street address  City  Erec to act in this capacity. I furth the performance of my duties, and arroylded for in Chapter 605. F.	name of the new register  Zip Code  er agree to comply with lam familiar with and S. Or, if this document is

05/24/21 09:47AM PDT TPBS Corp -> Florida Department of Stat 18506176383 Pg 4/5

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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>	Address	Type of Action
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E. Effective date, if other than the control of the	be specific and cannot be prior to date of ming of monock does not meet the applicable statutory filing.	(optional) e than 90 days after filing.) Pursuant to 6 requirements, this date will not be l	505.0207 (3) isted as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day a	fler the
Dated		_	
	Garago		,
	Signature of a member of authorized appresentative of	if a member	
GIUSEPPE MASTROC	PRICTING Y		

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