L15000 213 358

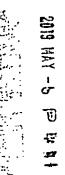
	Requestor's I	Vame)	
(,	Address)		
	Address)		
(ruuless)		
	City/State/Zip	/Phone #)	
PICK-UP	□ w	AIT	MAIL
(1	Business Ent	ity Name)	
(Document No	ımber)	
Certified Copies	Cert	ificates of	Status
Special Instructions	to Filing Offic	er;	

Office Use Only



900328431059

05/06/19--01026--016 **25.00



MAY 16 2023

4. 4 ... 1 . 4 ...

COVER LETTER ...

TO: Registration Section Division of Corporations
SUBJECT: Total Tuif Enterpiises, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
CPA Tax Solutions LLC
Firm/Company
500 NW 6th.5t
Address
City/State and Zip Code
City/State and Zip Code juana & c pataxsolutions. net Je-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Domingo Castaneda at (ELB) 447-LBL4 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$ Certificate of Status & \$\Bigcup \\$(additional copy is enclosed)\$\$ 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

-11	
otal uft t	ity Company as it now appears on our records.)
(A Florid	a Limited Liability Company) 2519 MAY -6 P OF 64
The Articles of Organization for this Limited Liability (Florida document number <u>し15むのと1335</u> 号	Company were filed on 12/28/95/99/90 Wand assigned TALL ANAUGIC TO CHAIR
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the n</u> <u>lress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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.

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
NIGR	Demingo Castaneda	121 NE 60th the Ckeechobee, FL 3497	Add
		Ckeechobee, FL 3497.	Z_□ Remove
			Change
			🗆 Remove
		_	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
n effe <u>te:</u>	we date, if other than the date of filing: 29 2019 (optional) citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
led_	April 29, 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00