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COVER LETTER

TO: Registration Section Division of Corporation	ons	<u>.</u> , .	
SUBJECT: TSNS	Enterprises, e Name of Limite	LL d Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submi	tted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Donald	McKentie Name of Person	
		Name of Person	
	TSNS E	Aripoisis, LLC	
		Firm/Company	
	4001 Te	Address	
		Address	
	Pale 1 Fl	City/State and Zip Code	
	TSNSEN	the used for future annual report notifical	tion)
For further information concern			non)
Donald Mek	entit	at (<u>950</u>) <u>454-5</u> Area Code Daytime Te	906
Name of Person	l	Area Code Daytime 16	nephone (vuinoer
Enclosed is a check for the follo	wing amount:		
⊠ \$25.00 Filing Fee □ \$	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)

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

(Name of the Limited I	Externifus, L Liability Company as it no Florida Limited Liability Co	w appears on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L 160000 213</u>		d on <u> </u>	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability com	pany here:	16	
The new name must be distinguishable and contain the word	s "Limited Liability Compa	ny," the designation "LLC" or the	ne abbreviation: "L.LFG"	
Enter new principal offices address, if applicabl	le:		<u> </u>	
(Principal office address MUST BE A STREET A	4DDRESS)		PN 2:57	0
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BO	<u></u>			-
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here: Foun 4009 T	Id McKen Tile Regimood Civile Enter Florida street address		<u>new</u>
-	Pal-4 City	, Florida	77571 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.

f 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 Name** Address Type of Action Towald McKenzix 4009 Degrood Cr, Pare, PL 72571 WAdd MGR _□ Remove ☐ Change MGR Phillip R. Fortenborry □ Add 4009 Tremood Cr. Pacy FL 72571 DR Remove □ Change _□ Add □ Remove ☐ Change □ Add 100 PM 2: 570 PM 2: 570 Remote Add 2: 570 PM 2 ☐ Change ☐ Add □ Remove _□ Change

								
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te: If the date	if other than the is listed, the date must inserted in this blocative date on the De	ock does not	meet the appli	cable statutory	or more than 90 filing requiren	(optional) days after filing nents, this date) Pursuant to 605.0 will not be listed)207 1 as
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		in p	y july					

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Filing Fee: \$25.00