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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: tet	Ris LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	i .	E. Sakka Name of Person	
	tetri	s ILC	
		Firm/Company	
	16333 N	JW 54+H AV 1	Init B
	May: G	ardous FL 3 City/State and Zip Gode	3014
	tetris mil	City/State and Zip Gode  O W O G W O  o be used for future armual report notific	Courant Couran
For further information co	oncerning this matter, please ca		
huis F.	Franco Person	at ( 786 ) 3343 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

tetzis LLC	2019 SE2 20 AH 11: 15
	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number <u>L 16000 18</u>	bility Company were filed on <u>September 27, 2016</u> and assigned 0213
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	OX)
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Pegistered 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	
AMBR	Luis Fernando Franco S.	500 three island Blud Apt	D Add	
		500 three island Blud Apt 415, Hallandale Beach, FL 330	09	
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing:
Note:	betive 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 (3)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 17 . ZO19 Do KKO)
	Signature of a member or authorized representative of a member
	Loper E. Sakkal
	Typed or printed name of signee