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## **COVER LETTER**

Division of Corporations '	
SUBJECT: TBRES LLC	
Name of Limited Liability Company	
The analoged Assistance & Association and Grades are submitted for filling	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carlos A. ROTAS ST.  Name of Person	
Name of Person	
TBRES LLL	. /
Firm/Company V ZGO Z Maryla (A)	als
P. O. Box 273213  Address  Name of Person  Firm/Company  1 3903 North deal of the property of	1 #100 E
Address TAMPA, RC 3	33624
	7.
City/State and Zip Code	ř 2
City/State and Zip Code  Tony Sells Tampa e Guail. com	નું નુ <sub>ં જ</sub> ુ
E-mail address: (to be used for future annual report notification)	2=
For further information concerning this matter, please call:	묶는
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For further information concerning this matter, please call:    Carlos   Royas   at (813)   205-3/88   5   5   5   5   6   6   6   6   6   6	호 다.
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 \& Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \\ Certified Copy \\ (additional copy is enclosed)	

### **MAILING ADDRESS:**

TO:

**Registration Section** 

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

TBRES	LLC	
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number		2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "l	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u></u>
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		SEC.
(Mailing address MAY BE A POST OFFICE BOX)		EB SET
		75 SAPEC
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		rds, enter the name-of the nev
registered agent and/or the new registered office additi	ess nere.	57
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		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 #100E AMBR = Authorized Member S. Address
3903 Northdale Blad Type of Action
TAMPA, FL 33624 Flad Title ☐ Remove Change □ Add ☐ Remove ☐ Change ☐ Charge \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00