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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tisdale Flaming 11 C. 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:
Richard J Tisdare Name of Person
Tisdate framing 11C
7411 Ne 122nd pl Bronson FC 32621
Brokeson FL 32621 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Tisdaye at 352, 507-3801 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. Certificate of Status \$\Bigcup \$0.00 Filing Fee \&\Bigcup \$0.00 Filing Fee. Certified Copy (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

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u>	d Liability Company as it r A Florida Limited Liability C	now appears on our rec Company)	ords.)	
The Articles of Organization for this Limited Lia		led on <u>6/26/</u>	17	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability cor	mpany here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Comp	oany," the designation "I	LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I			ALLAMASSEE, FLO	17 JUL -3 AH ()
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office ac fice address here:	ddress on our reco	ords, enter the	name of the ne
Name of New Registered Agent:	Richard 7411 NE	J Tisdal	e	
New Registered Office Address:	1	Enter Florida street ac		0(2)
	Bronson	<u>''</u>	, Florida3	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

or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
Title (MGR) UWNER	Richard Tisdale	7411 Ne 122110 PIBronse	MFL & Add
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tive date, if other that fective date is listed, the date inserted in a lf the date inserted in ment's effective date or	ate must be specific and this block does not r	Leannot be prior to neet the applical	2017 Edate of filing or more that ble statutory filing requi	(optional) n 90 days after filing.) Pursirements, this date will	suant to 60 not be lis
90th day after th	e record is filed.		an effective time,		the earl
6/26/7	017	3:46	P, M,		
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Filing Fee: **\$**25.00