## L17000125813

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
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2022 MAR 31 PM 1: 34

SECRETARY OF STATE
TALLAHASSEE, PATE

A. BUTLER APR 1 5 2022

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	TB Investment Name of Limited I	Properties ILC	
	Name of Limited I	Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are submitte	ed for filing.	
Please return all corresponden	ce concerning this matter to th	e following:	
_	Manuel	Boullosa	
		Name of Person	
_		Firm/Company	
	8534 Vivavia		
_	300 Vila Via	Address	<del></del>
_	Hudson FL 31	4667	
	E-mail address: (to be	used for future annual report notificati	on)
For further information concer	ming this matter, please call:		
Manuel Boul Name of Pers	losa	at (107) 508-13 Area Code Daytime Tel	cphone Number
Enclosed is a check for the fol	llowing amount:		
☑ \$25.00 Filing Fee	330.00 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:	ion	Street Address:	_

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATB Inves	TMENT Apporties	2022 HAR 31 PI	M 1: 34
(Name of the Limited (A	Liability Company as it now ap Florida Limited Liability Compa	pears on our Fecords.) OF	STATE
The Articles of Organization for this Limited Liab Florida document number 1700125		0,6/08/17	E, F! and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability compan	y here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company,"	he designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	——————————————————————————————————————		· · · · · · · · · · · · · · · · · · ·
Mulling dudress MAT BE AT OST OFFICE BO	<u> </u>	<del></del>	
B. If amending the registered agent and/or regi		ır records, <u>enter the ı</u>	name of the new regis
agent and/or the new registered office address b	<del>-                                    </del>		
Name of New Registered Agent:	Manuel 1	Boullosa	
New Registered Office Address:	3534 VIVA VI	Storida street address	
	Hudson	Planida	1 24667
•	City	, FIORIQA	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 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 i 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			Remove
			□Change
			□Add
		□Remove	
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change
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		Remove	
			□Change
<del></del>			□Add
			□Remove
			□ Change
			□Add
			□ Pamova

	Kegister Agent last name has an additional A. Please
	Register Agent last name has an additional A. Please remove middle initial A. Thank yo
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(If an o	ctive date, if other than the date of filing:
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ecord is	filed.  ed Mach 29 . 2022.  Boulen
ecord is	