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## COVER LETTER

TO: • Registration Se Division of Cor			
SUBJECT;	Tabhas Name of Limi	ted liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Tasms	Figur Company	-
	105 SE. 9	HINE apt #2	
	Pompano	Beach 7 34 City/State and Zip Code	30(0)_
	E-mail address)	to be used for future annual report port	McD.COM
For further information of	concerning this matter, please co	all:	
TOUNAME (	T. C. I	at Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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 once is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Tashais	Tyma L	LC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears o	n our records.)	
The Articles of Organization for this Limited Liability Comp	4	who Hypa	mand assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited to the new name must be distinguishable and contain the words "Limited I.			2
the new name must be distinguishable and contain the words. Limited i.	nature Company. The desi	gration the a	S s -
Enter new principal offices address, if applicable:			- 17 / 18 / 18 / 18 / 18 / 18 / 18 / 18 /
Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u> </u>
			. +51
			. rs
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on c here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
Name of New Aegistered Agent.			
New Registered Office Address:	Free to 1272.1	a street address	
	that from	a suvet maness	
·		, Florida	
	Ciţy		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 = Manager AMHR = Authorized Member	*
Title Name MCP TOUGHT	Address Type of Action  105 SE THAT Topping To Type of Action
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. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00