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SECKLIARY OF STATE OF STATE OF CORPORATIONS

T. MATTHEWS MAY - 4 2022

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUB IPAT.		LIANCE, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.	
		ondence concerning this matter	_	
		ALBERTO TREMOLINI		
			Name of Person	
			Firm/Company	
		l Cahaba Court		
			Address	
		Destin, Florida 32541		
			City/State and Zip Code	
		corinne.saotti@gmail.com		
For further is		E-mail address: (to oncerning this matter, please ca	o be used for future annual report no	ntication)
Janet Merrit		oncerning this matter, please ca		
Name of Person		at (me Telephone Number	
	Name o	t Person	Area Code Daytii	me Telephone Number
Enclosed is a	s check for th	ne following amount:		
□ \$25.00 F	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 copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
Div	vision of C	orporations	Division of Co	orporations
P.C	D. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATIONS OF DIVISION OF CORPORATIONS

22 APR 13 PH 1+ 18

If Changing Registered Agent, Signature of New Registered Agent

PIEDA ALLIANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on July 14, 20	17 and assigned
Florida document number L17000151510			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1 Cahaba Court	
(Principal office address MUST BE A STREET ADDRESS)		Destin, FL 32541	
Enter new mailing address, if applicable:		1 Cahaba Court	
	BOX)	Destin, FL 32541	
	~~	address on our records,	enter the name of the new registered
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	1 Cahaba Court	ı	
	Destin		_ , Florida ³²⁵⁴¹
	Desim		
			Zip Code
New Registered Agent's Signature, if changing I			Zip Code

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>	<u>Address</u>	Type of Action
MGR	TFMC, LLC	1785 Fim Blvd	
		Fort Walton Beach, FL 32547	■Remove
			□Change
AMBR	TFMC, LLC	1785 Fim Blvd	□Add
		Fort Walton Beach, FL 32547	≅Remove
			□ Change
MGR	Corrine Saotti	1 Cahaba Court	
		Destin, FL 32541	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□ Remove
			□Change

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ite: If the date inserted	than the date of filing: the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 d in this block does not meet the applicable statutory filing requirements, this date will not be list e on the Department of State's records.	5.020 ed a
ecord specifies a delaye is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ted April	. 2022	
	Collins don't	
	Signature of a member or authorized representative of a member	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Filing Fee: \$25.00