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(Requestor's Name)	
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(18818-25)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: · Registration Section

MAILING ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations		
RSD ADV SUBJECT:	TSORY LLC		
30000ET	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	initted for filling.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA FERSACA		
		Name of Person	
	TRIBEK CONSULTING	LLC	
•		Firm/Company	
	55 SE 6TH STREET UNI	Γ 1506	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	INFO@TRIBEKCONSUL		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
MARIA FERSACA		786 842-0071	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)

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

Company as it now appears on our records.) Imited Liability Company)	
impany were filed on AUGUST 16, 2017	and assigned
ed liability company here:	
ed Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
ESS)	
ered office address on our records, en	nter the name of the
ess here:	; ;
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	17 OCT
Enter Florida street address	17.0CT 13
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e	ed liability company here: ed Liability Company," the designation "LLC" or ESS) ered office address on our records, e

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RSD ANDIVORY GROUP INC	OMC CHAMBERS WICKHAMS	
		CAY 1. ROAD TOWN	□ Remove
		TORTOLA, BVI	77 (1)
MGR R	RSD ADVISORY GROUP INC	OMC CHAMBERS, WICKHAMS	■ Add
		CAY 1, ROAD TOWN	
		TORTOLA, BVI	
			Add
			Remove
			Change
			Remove
			Change
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an effective date is lis	ther than the date sted, the date must be s	pecific and cann	ot be prior to da	ite of filing or mo	re than 90 days a	ptional) ifter tiling.) Pu	rsuant to 6	05.020
	serted in this block d e date on the Depart			statutory filing	requirements,	this date will	not be lis	sted a
	es a delayed eff after the record		, but not ar	n effective ti	me, at 12:0	1 a.m. on	the ear	lier c
OCTOBER 9)	20	017					
		· <u>/</u>		7				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00