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DIVISION OF B RE

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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dominique Rainey
Name of Person
ILASH OBSSESTON
Firm/Company
1760 N. Fost Ave, B3
Address
SARASOTA, FL 34234 City/State and Zip Code
ilashobssesion a hotmail com E-mail address: (to be used for future annual report notification)

inclosed is a check for the following amount:

For further information concerning this matter, please call:

У \$25.00 Filing Fee □ \$3

TO:

Registration Section
Division of Corporations

□ \$30.00 Filing Fee &

☐ \$55.00 Filing Fee &

□ \$60.00 Filing Fee.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIASH MASESSTAM IIC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000205571.	were filed on 10 - 4 . 1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	In Comment to impaign of LC" or the obbraviation of LC"
The new name must be distinguishable and contain the words. Limited Liabi	my Company. The designation Elect of the abbreviation false.
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 o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the new e: Emer Florida street address
	City 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

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 Type of Action Address Title Name 4410 4th Ave 5. St. Petersburg, Fly Add 33711 ☐ Remove ☐ Change _□ Add □ Remove _**□**@hange" □ Remove _□ Ĉhange _□ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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If an effective d Note: If the o	ate is listed, the late inserted in	this block does	itic and cannot be pr	dicable statutory fil	more than 90 days after ing requirements, the	ional) er tiling.) Pursuant to is date will not be	o 605.0207 (3)(b) Histed as the
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Filing Fee: \$25.00