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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: TUCKEY LOW, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gregory F Tucker Name of Person
Tucker law, LLC Firm/Company
35 Hill Avenue  Address
City/State and Zip Code  Grenory F Tuker 880 and . com  E-mail address: (to be used for future annual reportunitication)
For further information concerning this matter, please call:
Gregory Tulke at (321) 229-7485 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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 OF

TuckerLa	W, LLC			
(A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>LIF 000219986</u>				
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the lin	imited liability company here:			
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)  FEB HAR			
	2 SSE	Ξ		
Enter new mailing address, if applicable:		C		
(Mailing address MAY BE A POST OFFICE BOX)	<b>2:</b>	1		
		;		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the r</u> ddress here:	<u>1ew</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	_		
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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	Signatup of	a member or authorized	epresentative of a member	er

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Filing Fee: \$25.00