

LH 000022671

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000336748 3)))



H210003367483ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : US CONTADOR INC
Account Number : 120200000121
Phone : (770) 926-2700
Fax Number : (866) 772-8106

2021 SEP 10 10:00 AM
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TFTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2021 SEP 10 PM 2:53

TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

BB
9/13/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFTS 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 Liability Company were filed on 11/01/2017 and assigned
Florida document number L17000226743.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6030 MISSION HILLS ST SE

(Principal office address MUST BE A STREET ADDRESS)

SALEM, OR 97306

Enter new mailing address, if applicable:

6030 MISSION HILLS ST SE

(Mailing address MAY BE A POST OFFICE BOX)

SALEM, OR 97306

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CONTADOR RA LLC

New Registered Office Address:

6200 METROWEST BLVD STE 201-D

Enter Florida street address

ORLANDO

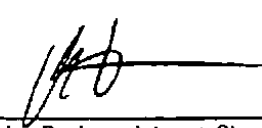
Florida 32835

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

H21000336748 3

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>	<u>Type of Action</u>
MGR	RIOS, GONZALO FRANCISCO	6243 nw 171st street	<input type="checkbox"/> Add
		Hialeah, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CALLE, VALERIA C	6030 MISSION HILLS ST SE	<input checked="" type="checkbox"/> Add
		SALEM, OR 97306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CALLE, LUCILA V	6030 MISSION HILLS ST SE	<input checked="" type="checkbox"/> Add
		SALEM, OR 97306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIANO, DAMIAN	6030 MISSION HILLS ST SE	<input checked="" type="checkbox"/> Add
		SALEM, OR 97306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000336748 3

11/11/11

2021 SEP 10 PM 5:00

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 10TH

2021

member or authorized representative

Signature of a member or authorized representative of a member

DAMIAN RIANO

H21000336748 3