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| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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SECINE TARY OF STATE OUVISION OF CORPORATION

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## **COVER LETTER**

| TO:                      |                        |  | •   |  |
|--------------------------|------------------------|--|---|--|
|                          |                        | nkey Investments LLC                         |   |  |
| Division of Corporations |                        |  |   |  |
| The er                   | nclosed Articles of a  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please                   | e return all correspon | ndence concerning this matter                | to the following:   |  |
|                          |                        | Thomas Tucker                                |   |  |
|                          |                        |  | Name of Person  |  |
|                          |                        | Tucker Turnkey Investm                       | ents LLC  |  |
|                          |                        | · · · · · · · · · · · · · · · · · · ·        | Firm/Company  | <del></del>  |
|                          |                        | 336 9th Ave N.E.                             |   |  |
|                          |                        |  | Address   |  |
|                          |                        | Saint Petersburg Florida                     | 33701   |  |
|                          |                        |  | •   |  |
|                          |                        |  |   | <del> </del>   |
|                          |                        |  | ·   | neation)   |
| For fu                   | rther information co   | oncerning this matter, please ca             | all:  |  |
| Thom                     | as Tucker              |  | 727 4833398   |  |
|                          | Name of                | Person                                       | Area Code Daytime   | e Telephone Number   |
| Enclos                   | sed is a check for th  | e following amount:                          |   |  |
| □ <b>\$</b> 2            | 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 (udditional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

| Tucker Turnkey Investments LLC   |   |  |
|--|---|--|
| (Name of the Limited Liability Co<br>(A Florida Lim  | ompany as it now appears on our recornited Liability Company) | <u>ds.</u> )   |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on 1/05/2018                                  | and assigned   |
| 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 "LL                       | C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   | <b>3</b> SE  |
| (Principal office address MUST BE A STREET ADDRES.   | S)  | TO TO TO THE PROPERTY OF THE P |
| a morphi office with the research  |   | 22   |
|  |   |  |
| Enter new mailing address, if applicable:  |   | PM S   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | · · · · · · · · · · · · · · · · · · ·  |
|  | · · · · · · · · · · · · · · · · · · ·                         |  |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address |   | ds, enter the name of the nev  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
| -  | Enter Florida street addre                                    | ess .  |
|  |   | lorida   |
|  | Сйу   | 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, <u>enter the title</u>, <u>name</u>, <u>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 |
|--------------|------------------------|---------------------------------|----------------|
| CFO          | Tanya Elizabeth Tucker | 336 9th Ave N.E. Saint Petersbu | ■ Add          |
|              |                        | <u></u>                         | ☐ Remove       |
|              |                        |                                 | □ Change       |
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|                        | ter than the date of filing:  d. the date must be specific and cannot be prior to date of filing     | (optional)                                    | ne c           |
| Note: If the date inse | rted in this block does not meet the applicable statutory date on the Department of State's records. | filing requirements, this date will not be li | stec           |
|                        | •  |   |                |
|                        | s a delayed effective date, but not an effecti<br>ter the record is filed.                           | ve time, at 12:01 a.m. on the ear             | lier           |
| Dated                  | <del></del> .  |   |                |
|                        |  |   |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00