## 118000070192

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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DIVISION OF CORPORALLA

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	TTMMT	LL (	
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	In line	2 Masir rutton Name of Person	
	Sunaun	Firm/Company	<del></del>
	1310	Del Frado RUP Address	<u> </u>
	<u></u>	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificat	ion)
For further information conc	erning this matter, please cal	1:	
Name of Pe	lastination	at (239) (099 - Co Area Code Daytime Te	lephone Number
Enclosed is a check for the f	ollowing 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)

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

(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 $3-19-2019$ and assigned Florida document number $12000070192$ .
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  CONTROL  CONTRO
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:
New Registered Office Address:
Enter Florida street address
, Florida
$\sim 10^{-10}$

## 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>	Name	Address	Type of Action
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		Cape Com, Fl. 33110	Remove
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Signati	ire of a member o	r authorized repres	entative of a mem	ber	

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Filing Fee: \$25.00