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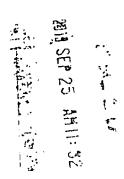
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone a	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TSR LLC				. يتسر
SUBJECT:	Name of Lim	ited Liability Company		The Park of the Pa
				B. 13
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		بغ. معنا الم
	Crystal Umpierre			i.d.
		Name of Person		
	TSR LLC			
		Firm/Company		
	13427 SW 131 Street			
		Address		
	Miami, FL 33186			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
	ncerning this matter, please ca	all:		
Crystal Umpierre		305 218-1636		
Name of I	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

TSR LLC		(-2 ₁)
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	72
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		nter the name of the n
Name of New Registered Agent:	·····	
New Registered Office Address:	Enter Florida street address	
	Lines I would sweet with ess	
	, Floric	da
	C 14 y	14p Couc

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>	<u>Address</u>	Type of Action
MGR	Michael Alfaro	13427 SW 131 Street	
		■ Add	
	Miami, FL 33186		
			□ Remove
			Change
			Crange
	4		
			□ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			
			□ Remove
			□ Change
			5
			Remove
			Change

	lion, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
·····	
Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed as
he record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
September 23	2019
Dated	,
	last :
	Signature of a member of authorized representative of a member Jack A. Gama Typed or printed name of signee
<u> </u>	Jade A. Goma

Page 3 of 3

Filing Fee: \$25.00