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SECRETARY OF STATE
FALLARASSEE, FLORIDA

KAR 27 50 TSCHROEDER

COVER LETTER .

	ion Section of Corporations	•	
SUBJECT:	Tuxedo buffers Name of Lin	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	N:u	Name of Person	·
		lo Gutters 1 Firm/Company	
		oncoe St Address	
		City/State and Zip Code	
	E-mail address: (to be used for futbre annual re	port notification)
For further informa	ation concerning this matter, please c	all:	
Nic	Hame of Person	at (<u>904</u>) Area Code	397 - 4536 Daytime Telephone Number
Enclosed is a check	for the following amount:		
도 \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Tuxedo Gu	Heis LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on	and assign	ed
Florida document number <u>L1905051309</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	(Name of the Limited Liability Company) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C.	**
Enter new principal offices address, if applicable:	12724 GM	and Bay PK wy	
(Principal office address MUST BE A STREET ADDRESS)	Suite 420	JACKSON-110 FL	<u>3</u> 2259
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		% 5 F	
		<u> </u>	<u>-</u>
		22 P	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, emersthestame of	the <u>new</u>
	-		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street (uddress	
	Circ	_, Florida	
	1.00	Z101.00P	

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, name, 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
			□ Remove
			Change
			□ Remove
			Change
			
		Service And Servic	A T
		SEC. FLORID	Change P Add D 36 Remove
		2>	□ Change
			□ Add
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			Remove
			_□ Change

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lf an ef <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00