## L19000070090

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CHDIECT.	TUNED-UP	MARKETING LLC		
SUBJECT:	TUNED-UP Name of Lim	ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person	<del></del>	
		Firm/Company	<del></del>	
17350 STATE HWY 249 STE 220				
	Address			
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
	E-mail address: (	to be used for future annual repor	t notification)	
For further information c	oncerning this matter, please c	all:		
OVETTE DOBSON  at (		2-3453		
Name o	f Person	Area Code Di	aytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	
Mailing Addres		Street Addres		
Registration Section Division of Corporations		•	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records;) FEB 22 AH 8: 39

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/13/2019}{1}$ Florida document number \_\_\_\_\_\_L19000070690 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) 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 \_

## 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 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>	Address	Type of Action
AMBR	SIEGE INVESTMENTS LLC	4725 NW 114TH AVE	□Add
		SUNRISE, FL 33323	■Remove
			Change
AMBR	ROBERT GIL	4725 NW 114TH AVE	
		SUNRISE, FL 33323	□Remove
			Change
			□Add
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lf an effe <u>Note:</u>	date, if other than the date of filing:
e record	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	BRUARY, 16 , 2022 ,
	Rhot O.P
	Signature of a member or authorized representative of a member

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