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COVER LETTER

CO: Registration Section Division of Corporations
SUBJECT: TSAAC~RACHELL EST 1994 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RACHELL Y McCRAY-SHAVERS
ISAAC~RACHELL EST 1994 LLC Firm/Company
2301 Rabenton Rd
Deltona, FL 32738 City/State and Zip Code
isaacrachellay 6 and 1. com E-mail address: (to be used for funde annual report notification)
For further information concerning this matter, please call:
Rachell V. McCray-Shavers at (386) 837.7508 Name of Person Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TSAAC ~ RACHELL EST 1994 LLC (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L1900083016</u> .	<u>v 25,2019</u> 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 desi 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 registered agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: 2301 Rabenton Leaver Flor	Cray-Shavers 201 uld street address
Ditter 1 w	Florida <u>32738</u>

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.

9 Usy MA 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

Type of Action Address Title Name VD CASSANDEAL HICRAY 6057 WOLF POND RD DAGO AMBR GREENWOOD, FL 32443 PREMOVE TRES JONKEAREA R MCCOAY 855 W. LUCY STREET ._ 0 Add #253 EAST PRemove Florida City, FL 33034 O Change SEC PRISCILLA A. COLE 1978W TH STREET DANS AMBR #205 BRemove HOMESTEAD FL 33030 Change AMBR CASSANDRA & MCCRAY 6057 WOLF POND RD 11 Add GREENWOOD, FL 32443 PRemove Change ☐ Remove □ Add □ Remove

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<u>ote:</u> If th	late, if other than to e date is listed, the date he date inserted in this is effective date on the	s block does not	meet the appli	cable statutory fi	r more than 90 days ling requirements	optional) safter filing.) Pursua s, this date will no	ant to 605.0207 of be listed as
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Filing Fee: \$25.00