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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦





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2018 AFR 29 P 12: 31

T. LEWIEUX

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s::::	Tanya Hen Name of Line	ry, LLC	
		in the ming.	
nia	natter t	to the following:	
	Tanya He	enry	
	Tanya He 1720 W	nry, LLC	
	1720 W	eaver Dr	
	Lutz, FL	33559	
	tatihen &	opa gmail c	
	zacoming this matter, places of	".	
Tanya	Henry -	at (813) 546	2/4/ 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 & 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability Company (A Florida Limited Liability Company)	Realty 1740ED
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company) 2119 AFR 29 P 12: 31
The Articles of Organization for this Limited Liability Company w Florida document number <u>LIGBBBBBB</u> 3	ere filed on 4919: and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Tanya Henry, LLC The new name must be distinguishable and contain the words "Limited Liability".	at the standard of the standar
The new name must be distinguishable and contain the words "Limited Liabilit	v Company," the designation "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	1720 Weaver DR Lutz, Fr 33559
(Principal office address MUST BE A STREET ADDRESS)	LUTZ, 12 33559
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1729 Weaver Dr Lutz, Fr 33559
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the
Name of New Registered Agent: 120 New Registered Office Address: 170	nya Henry © Weaver Dr Enter Florida street address
	City Florida 33559 Zip Code

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 wit 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 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
MGR Tanya	Tanya Henry	17-20 Weaver Dr	Add
, i		17-20 Weaver Dr Lutz, Fl 33559	🗆 Remove
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E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ((b) The 90th day after the record is filed.
Dated april 25 . 2019.
Dated April 25 2019. Signature of a member abauthorized representative of a member
Tanya Henry Typed or printed name of signee
Typed or printed name of signee