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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TSG KOVCCM 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:
Junaid Ahmed Name of Person
Loving House LLC Firm/Company
1410 First Street South, Unit D
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Com  Com  Com  Com  Com  Com  Com  Co
For further information concerning this matter, please call:
Name of Person at (312) 863 - 9630  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  (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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Isa Kareer	n LLC
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number 1900   243	Company were filed on _ 5 8 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
	<b>20</b> **
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	PR 2
(Principal office address MUST BE A STREET ADD	
	*:- 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
	City 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 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
MGR	Loving House, LLC	7410 First Street Son	+\L ■Add
		Unit D	□Remove
		Jacksonville Beach, Fl	'32 25°0 □Change
<u>M62</u>	Junaich Ahmed	1410 First Street So	Add
		Unit D	DRemove
		Jacksonville Beach,	<b>\</b>
<del></del>			□Add
			□Rcmove
			□ Change
			🗆 Add
			□Remove
			□Chaпge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffective	date, if other than the date of filing: (optional)
an effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocumen	's effective date on the Department of State's records.
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	4/8/2020
	Signature of a member or authorized representative of a member