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(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	/Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
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A. RIVERS FEB - 2 2023



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	PATIO	DECX LLC	in the second	
SUBJECT:	i	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter (to the following:		
	MICHAEL	TAUL JE Name of Person		
		, table of Ferron		
		FirnvCompany		
	<i> </i>	_		
	6/5 S. A.	HOLD AVE Address		
	,	7201/7		
	LANTANA	FL 3346Z City/State and Zip Code		
	tallcomm	reneatte TALLO	COMMERCE LLC & GMAIL. COM	^
			(icanon)	
	concerning this matter, please ca			
MICHAEL	TALL JR	at (<u>576(</u>) <u>239 -</u> Area Code Daytim	7580	
Name (of Person	Area Code Paying	e reterment ranner	
Enclosed is a check for t	he fallowine amount			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55,00 Filing Fee &	☐ \$60.00 Filing Fee.	
42 020 1100 1 1111 2 0 00	Certificate of Status	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 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

. >

PATIC	DECX LL			
(<u>Name of the Limite</u> (d Liability Company as it n A Florida Limited Liability C	ow appears on our Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 19600149</u>	bility Company were fil			_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of				
TALL COA The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any." the designatio	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:	———			
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	here:		·	
Name of New Registered Agent:	MICHAEL T	ALC JA		
New Registered Office Address:	MICHAEL 7 Le15 5- A LANTANA	RNOCO AVO Enter Florida street	t address	
	CANTANA		Florida <u> </u>	3462 0
	·		PRID	Zip Civile
New Registered Agent's Signature, if changing Re	egistered 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, 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	MICHAEL T. TALL JR	615 S. ARNOLD AVE	□Add
		LANTANA, FL 33462	□Remove
			X Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
	•		□Change
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an effect ote: - If	re date, if other than the date of filing:	suant to 605,0207 (not be listed as t
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90t d.	th day after the
	November 10th , 7022.	
ated		
ated _		
ated	Signature of a member or authorized representative of a member	