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2022 SEP 13 AM 10: 15 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation		• • •	es.		
SUBJECT: Tu	Pose Home Name of Lim	LLC ited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Komeka	Name of Person How Lle Firm/Company			
	70 BOX (a)	Address			
	Durooset:	City/State and Zip Code Oryle 4 ULLC Doryle to be used for future annual seport notif	zil-Corr	2022 SEP SECRE TAILL	K WITE
For further information cond	cerning this matter, please c	all: at (<u>727_) </u>	73/6 Telephone Number	2022 SEP 13 AM 10: 15 SECRETARY OF STATE TAILLAHASSEE. FL	The Price
Enclosed is a check for the f	following amount:				
\$\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Mailing Address:</u>		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

1.

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $0-0-209$ and assigned
Florida document number 19001751	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
	NA
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	72 SE TAL
(Mailing address MAY BE A POST OFFICE BOX)	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	May 3 C
	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	्रा प
Name of New Registered Agent:	A
New Registered Office Address:	Enter Florida street address
	, 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 addedor removed from our records:

. MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cordy Booth	200 Avenue K. SE apr	□Add
	•	# 128 Winter Hover, 91,338	<u>50</u> pkemove
			□Change
MGR	Tiquain L Elber Jz	1626 NEST ORANGE BISSON Trail # 1029 Appea 71.327	△ □Add
		Train # 1029 Appen 71.32	112 Remove
			□ Change
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Effective date, if of	her than the date of	filing: 9-7-	2022	(option	ا(al	•
(If an effective date is list Note: If the date inse	ed, the date must be specificated in this block does date on the Departmen	fic and cannot be prio not meet the applic	r to date of filing or more i cable statutory filing re	than 90 days after fil	ing.) Pursuant to	605.0207 listed as
the record specifies a decord is filed.	clayed effective date, bu	ut not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
Dated 9-0	1-2022					
	-	<	-	<u></u>		
			orized representative of a			

Filing Fee: \$25.00