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(((H240001074083)))



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From:

Account Name

: MARKO & MAGOLNICK, P.A.

Account Number : I20050000186

Phone

: (305)285-2000

Fax Number

: (305)285-5555

nter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.**

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((H24000107408 3)))

T AND G RESOLUTION, LLC							
(Name of the Limited Liah (A Flori	ollity Compar	y as it now anility Com	appears on pany)	our records.	}	_	
The Articles of Organization for this Limited Liability Florida document numberL19000208343						assigned	
This amendment is submitted to amend the following:	<u> </u>						
A. If amending name, enter the new name of the lin	nited liabil	ity compa	ny here:				
The new name must be distinguishable and contain the words "Lit	mited Liabilit	y Company,	"the design	tion "LLC" o	r the abbreviation	'L.L.C."	_
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD,	(RESS)					202	_
	<u>V.2001</u>						- .:
							_ `
Enter new mailing address, if applicable:					 . <u></u> .	21	÷
(Mailing address MAY BE A POST OFFICE BOX)		-			2.7r	7.P	·
DATE BE A TOOT OF THE BUX				, .			- `
	•				- -		_
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office ad	dress on o	our record	s, <u>enter the</u>	name of the n	ew regisi	<u>terec</u>
Hogiste as Office Address.		Ente	r Florida stri	et address			_
				Floris	_		
		City		, FIOFIC	laZip Code		-
New Registered Agent's Signature, if changing Registered	d Agent;						
hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete pe gent as pro	rformanc vided for	e of my di in Chanie	ities, and I er 605 F S	am familiar wi	th and	
	If Changin	g Registere	J Agent, Sig	nstare of Ne	w Registered Agen		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000107408 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AR	Tina Morra Greenberg	7155 Trentino Way	∏Add
		Boynton, FL 33472	
			□ Change
MGR	Tina Morra Greenberg	7155 Trentino Way	
		Baynton, Fl. 33472	□ Kemove
			☐Add
			Rentove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change

	(((H24000107408 3)))
D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u> ,	
_	
Note: If the	late, if other than the date of filing:
If the record sper record is filed.	cifics a delayed effective date, but not an effective time, at [2:0] a.m. on the earlier of: (b) The 90th day after the
Dated	3-21-2024 Hendrure of a member of not not sortized representative of a member
_	DAVID MAKE CATTONIZED