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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Joh	n O VasQu	27	
	TA	Name of Person Name of Person Firm/Company	<u> </u>	
	801	Address	Are	
	Thin	City/State and Zip Code City/State and Zip Code Code	3614	ر غ
	TAMOF E-mail address: (ACOTO & AM to be used for future annual report notif	a.l. (om ication)	19 001 -9
For further information co	oncerning this matter, please ca			9
John o Name o	1 Person	at (\$13) 50 9 Area Code Daytime	7517 Telephone Number	THE STATE OF
Enclosed is a check for th	ne following amount:			
▶ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TANPA	A/c	CLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as i a Limited Liabilit	t now appears on ou y Company)	r records.)	
The Articles of Organization for this Limited Liability (Florida document number L19000 23000		filed on <u>Sep</u>	- 11 20	OIG and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability c	ompany here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Cor	npany," the designati	on "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				<u></u>
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			107 -9 PH 12
B. If amending the registered agent and/or regi		address on our	records, ent	er the name of the nev
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stred	et address	
			Florida	
	С	ity		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 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	John our Vasaver	Habana Ave - 8014 N habanature Thurph FL 33614	
		TAMPA FL 33614	
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nted <u>//</u>	-7-1	9		·			
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_		Sign	ature of a member	or authorized representa	itive of a member	.	
				OUL)	•		

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Filing Fee: \$25.00