## 119000244091

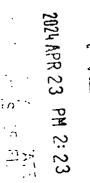
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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April 1, 2024

AMY MALKOWSKI 6303 COLUMNS CIR SEMINOLE,FL 33772

SUBJECT: TULA LLC

Ref. Number: L19000244096

We have received your document for TULA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $\frac{1}{2}$  (850) 245-6050.

Kiora Hester Regulatory Specialist II

Letter Number: 924A00006913

RECEIVED
APR 23 2024

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: Tul	n 110		
SUBJECT: TOUR	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	HMY MALIC	Name of Person	<u>.                                    </u>
	Tura Lu	Firm/Company	<del>.</del>
	4303 Colu	MNS CIR.	
	SEMINOLE	FL 33772 City/State and Zip Code	2024 AF
	Malkowsike 74 E-mail address: (	to be used for future annual report notification	2024 APR 23
For further information of	concerning this matter, please c	all:	77 P
Amy MAN	Mows Ki	at ( <u>920</u> , <u>988-767</u> Area Code Daytime Telep	hone Number $\frac{-r_0}{r_0}$
Enclosed is a check for t	he tollowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & L Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C		Division of Corporat	ions
P.O. Box 632	27	The Centre of Tallah	assec
Tallahassee,	FL 32314	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000244096</u> .	were filed on SEPT. 27, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	GOS COLUMNS CIR. SEMINOLE FL 33772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6303 COLUMNS CIR & TO SEMINOLE FL 33772 NO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

F							
AMBR =	Authorized	Member					

Title	<u>Name</u>	Address	Type of Action
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it an effective da <u>Note:</u> If the d	e, if other than te is listed, the date ate inserted in th fective date on th	e must be specifi its block does (	not meet th	be prior to da e applicable	te of filing of t	nore man 90 d	ays aller iiln	ig.) Pursua		
rd is filed.	ies a delayed eff									the
Dated _ <i>HD</i>	RIL 14		20	24						
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_	-	Signatur	of a member	or authorized	l representativ	e of a member		<del>-</del>		

Filing Fee: \$25.00