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| (Requestor's Name) | |
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COVER LETTER

| | Tyler Eaton Drafting LLC | | |
|---------------------------|--|--|--|
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Article | es of Amendment and fee(s) are subn | mitted for filing. | |
| Please return all cort | respondence concerning this matter t | to the following: | |
| | Tyler Eaton | | |
| | Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Tyler Eaton Name of Person Tyler Eaton Drafting LLC Firm/Company 1305 Laurel Ave. Address Venice, FL 34285 City/State and Zip Code tylercatondrafting/a gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Name of Person Name of Person TESO 00 Edias East | | |
| | Tyler Eaton Drafting LLC | | |
| | | Firm/Company | <u> </u> |
| | 1305 Laurel Ave. | | |
| | | Address | |
| | Venice, FL 34285 | | |
| | tylercatondrafting@gmail.co | · · · · · · · · · · · · · · · · · · · | |
| | E-mail address: () | to be used for future annual report notifi | cation) |
| For further information | tion concerning this matter, please ca | all: | |
| Tyler Eaton | | | |
| N' | ame of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ≡ \$25.00 Filing F | ee □ \$30,00 Filing Fee & | Certified Copy | Certificate of Status & Certified Copy |
| Ņ | 1AILING ADDRESS: | | |

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

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | oany as it now appears on our records.) I Liability Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liability Compan Florida document number 1.1900250497 | y were filed on October 4th, 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited lia</u> | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lat | bility Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | NA | |
| (Principal office address MUST BE A STREET ADDRESS) | | · · · · · · · · · · · · · · · · · · · |
| | .1. | 20 9 OCT |
| Enter new mailing address, if applicable: | <i>N N</i> | $\frac{1}{\omega}$ $\frac{\omega}{\omega}$ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | ter the name of the nev |
| Name of New Registered Agent: | N/n | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Tular Paran Destina LLC

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

Hamending 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> | <u>Address</u> | Type of Action |
|--------------|-------------|------------------------------------|----------------|
| AMBR | Tyler Eaton | 1305 Laurel Ave. Venice, Fl. 34285 | ■ Add |
| | | | □ Remove |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. |
| ne re The | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0.000 |
| Dated | October 23rd 2019 |
| , zated | |
| | Signature of a member or authorized representative of a member |
| | \mathcal{O} |
| | Tyler Euton Typed or printed name of signer |

Page 3 of 3

Filing Fee: \$25.00