119000302518

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500338942345

01/15/20--01008--010 **25.00

R. WHITE FEB 12 2020

COVER LETTER

Division of Cor		•	
TBS Direct	tory		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ben Krieg		
		Name of Person	
	TBS Directory, LLC		
		Firm/Company	
	239 Kingsley Blvd		
		Address	
	Auburndale, FL 33823		
		City/State and Zip Code	
	ben@tbsdirectory.com	to be used for future annual report not	
For further information of	concerning this matter, please c		micanon)
Ben Krieg	-	863 326-0807	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of 0	Corporations	Division of Co	prporations

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 OF

2025 2 11 16 71 2:02

TBS Directory, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flyrida Limited Liability Company)

(A Flone	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000302518	Company were filed on 12/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	. <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registe
Name of New Registered Agent:		
Name Desired and Community of the Commun		
New Registered Office Address:	Enter Florida street address	
	Flori	do
_	City	daZip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen	nt and agree to act in this capacity. I furth	er agree to comply with

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>	<u>Address</u>	Type of Action
MGR	Nadine, Krieg	P.O. Box 333	= Add
		Auburndale, FL 33823	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

				···	
				.	
					
<u> </u>					<u> </u>
		·········			
	·=··-				
		<u></u>		<u> </u>	
					
					
ective date, if other than the	e date of filing:			(optional)	
effective date is listed, the date muter. If the date inserted in this b					
tument's effective date on the Γ	Department of State's r	ecords.	, ming rodanon	ionin, and date th	not be listed a
cord specifies a delayed effecti	ve date, but not an effe	ective time, at 12:01	a.m. on the earl	lier of: (b) The S	Oth day after the
s filed.					
lamiami. 1 tel	2020				
January, 14th red		·			
	> /				
	Signature of a member	- authorized	entative of a man-1		
•	SINDRIUIC DI MINCHIDED	en manutized represe	anauve or a memo	r-1	