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## **COVER LETTER**

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Registration Section

TO:

Division of Corp	orations		
SUBJECT: TY	eeway the	et Services  ted Liability Company	LLC
	amendment and fee(s) are subt		
Please return all correspon	dence concerning this matter t	to the following:	
	Alfred	Ao Prince Name of Person	· · · · · ·
		Firm/Company	
		1 in a company	
	9231 Nep	tune Dr. Address	
	Cutter	Bay FL 33 City/State and Zip Code Le + Sev U Cos (a) e to be used for future annual report notifi	3189
	+Veguay+1-le E-mail address: (1	to be used for future annual report notifi	IMall-Com
For further information co	ncerning this matter, please ca		
Alfredo	Prince	at (786), 499 Area Code Daytime	CS67 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations
P.O. Box 632			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

+ reewo	U +   ee + Sev	VICES LLC
(AF	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on Dece	ember 13, 2019 and assigned
Florida document number $19003038$	<u>95</u> .	·
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
		201 SEC
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "LC."
Enter new principal offices address, if applicable	: 	2 2
(Principal office address MUST BE A STREET A	DDRESS)	S S S
		) )777 FL
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<del></del>	
B. If amending the registered agent and/or regist	tered office address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet uddress
_	City	, Florida 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
AMBR	Alfredo Prince	9231 Neptune Dr.	(D)Add
		9231 Neptune Dr. Hiami FL 33189	□Remove
			□Change
			2000 CONTROL STATE SECULOR STA
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an effective date is list lote: If the date inse	her than the date of filed, the date must be specific tred in this block does not date on the Department of	and cannot be prior of meet the applica		ore than 90 days afte			
record specifies a de d is filed.	elayed effective date, but	not an effective tii	ne, at 12:01 a.m. o	on the earlier of: (l	o) The 90th day	after the	ė
	shor 20	2010	<u>)</u> .				
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Pated Decen		f a member or autho	0	$\geq$			

Filing Fee: \$25.00