L20 000008864

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				



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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	y Property	Preservation ited Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Valer	Name of Person	
		TPPLLC Firm/Company	
	6039		hryhills FL, 335 D
		Zephonhilk (2, 33 City/State and Zip Code	547
-	Valeries E-mail address: 8	seen/11700 gmail to be used for future annual export notif	, C.O.M.
For further information conc	erning this matter, please co	all:	
Name of Pe	Boyd	at (51) 464- Area Code Daytime	5370 Telephone Number
Enclosed is a check for the fo	ollowing 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 Sec		Street Address: Registration Sec	
Division of Corp P.O. Box 6327 Tallahassee, FL		Division of Corp The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	eservation of the state of the	our records.)	_
The Articles of Organization for this Limited Liability Company	were filed on $\overline{\sum}_{\alpha}$	70017 3 3030 and	d assigned
Florida document number L 3 000000 8864.		V	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	_	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		TAL S	202
(Principal office address MUST BE A STREET ADDRESS)		S.C.	
		AT A	5
		SEL	6
Enter new mailing address, if applicable:		17 C	
(Mailing address MAY BE A POST OFFICE BOX)		92.7	.: .:
THAT I WANTED TO THE DON'T	•	- QM	<u>C</u>
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, enter the name of the	new registered
New Registered Office Address:			
	Enter Florida s	treet address	<u> </u>
		, Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Chap	duties, and I am familiar oter 605, F.S. Or, if this a	with and locument is
	_		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Valerie Boyd	6038 12 th st Zephyhills FL,33	34) Add *
			□Remove
			□ Change
		<u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			2020 HA
	A S	HARAdd P	
			Complete Com
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional shows, if ne	
To the UCL	
	
	
	<u>. </u>
	2020 SEC
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	7 STA 2:
	<u> </u>
E. Effective date, if other than the date of filing:	ional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	er filing.) Pursuant to 605.0207 (3)(
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ecord is filed.	b) The 90th day after the
Dated March 11 2020.	
Signature of a member of authorized représentative of a member	
Valerie Boyd Typed or printed game of signee	

Filing Fee: \$25.00