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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

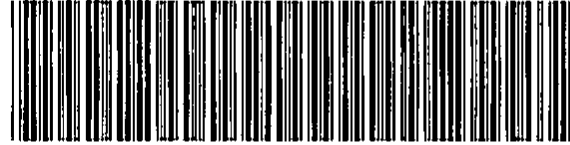
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2023 NOV -9 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FL

○ SIMMONS
DEC 16 2020

COVER LETTER

Registration Section
Division of Corporations

TLS 007 LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN R. AMSTER, ESQ.

Name of Person

KODSI LAW FIRM PA

Firm/Company

1000 N HIATUS ROAD, SUITE 103

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

samster@kodsilawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven R. Amster, Esq. 954 771-8277 ext 111

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:

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

Street Address:

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

TLS 007, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on February 24, 2020 and assigned
Florida document number L20000056750

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

ending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

IBR = Authorized Member

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<u>le</u>	<u>Name</u>	<u>Address</u>	2023 NOV -9 AM 6: 59	<u>Type of Action</u>
	STEVEN R. AMSTER	1000 N HIATUS ROAD, SUITE 103 POMERAN, FL 33064		<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026		<input type="checkbox"/> Remove
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WELLED

SEAL: 48% OF STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 5 2020

- DocuSigned by:

- DB4D058J

Signature of a member or authorized representative of a member

TONY J. LEWIS

Typed or printed name of signee

Filing Fee: \$25.00