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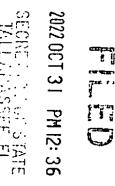
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Division of Corporations T&A Enterprise of Clearwater LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Alejandro Caballero Name of Person T&A Enterprise of Clearwater LLC Firm/Company 19321 US HWY 19N Suite 607 Address Clearwater, FL, 33764 City/State and Zip Code AlexARRCW@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ilyn Key Daytime Telephone Number Name of Person osed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FILED

2022 OCT 31 PM 12: 36

T&A Enterprise of Clearwater LLC

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

	Liability Company were filed on	and assigned
ida document number [1.20000063848]	·	
amendment is submitted to amend the fol	llowing:	
f amending name, enter the new name	of the limited liability company	y here:
	OF CLEATHAT	
new name must be distinguishable and contain the	words "Limited Liability Company," (he designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if appli	irahla:	
ncipal office address MUST BE A STRE	<u>ET ADDKESS)</u>	
er new mailing address, if applicable:		
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iling address MAY BE A POST OFFICE		ir records enter the name of the new register
iling address MAY BE A POST OFFICE	registered office address on ou	ur records, <u>enter the name of the new register</u>
iling address MAY BE A POST OFFICE	registered office address on ou	ır records, <u>enter the name of the new register</u>
iling address MAY BE A POST OFFICE f amending the registered agent and/or	registered office address on ou	ir records, <u>enter the name of the new register</u>
f amending the registered agent and/or and/or the new registered office address Name of New Registered Agent:	registered office address on ou ess here:	ir records, <u>enter the name of the new register</u>
iling address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office address	registered office address on ou ess here: Alejandro Caballero 19321 US Hwy 19 Suite 607	ir records, enter the name of the new register
iling address MAY BE A POST OFFICE f amending the registered agent and/or nt and/or the new registered office addre	registered office address on ou ess here: Alejandro Caballero 19321 US Hwy 19 Suite 607	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

:	<u>Name</u>	<u>Address</u>	Type of Action
₹	Kimberly Bigham	9826 Montague StTampa, FL 33626	□Add
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removed from our records:

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<u>ite:</u> If th	date, if other than the date of filing:
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	Surature of a temper or autorial consequences.
	1110 1 Charles
	Signature of a member or authorized representative of a member

1f

Filing Fee: \$25.00