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SECRETARY OF START

### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ect: <u>Tivio</u>	Friends Thu Name of Lim	CKING COMPANY ited Liabiles Company	LLC
The en	closed Articles of ,	Amendment and fee(s) are sub	mitted for filing.	
Please	renirn all correspoi	ndence concerning this matter	to the following:	
		Wilfor)	Name of Person	
			Firm Company	
		<u>4502</u> A	mark DR. Address	
		Oslando	City State and Zip Code	<del></del>
		Saraudd E-mail address:	City State and Zip Code  O Mail Com to be Jised for fature annual report notified.	lcation:
For fuc	ther information co	oncerning this matter, please co	all:	
	Ale Soit Name of	C10 Saud Person	at ( <u>407</u> ) <u>715 30</u> Area Code Daytime	7 Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>₫√</b> \$23	5.00 Filing Fee	☐ \$30.00 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 Section Division of Corporations P.O. Box 6327

## STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Two friends Thucking (Name of the Limited Liability Coffidar (A Florida Limited L	2021 SEP 13 PM 4: 34  Combany  ry as it now appears on our Secords, JARY OF STATE lability Company)  FALLAHASSEE, FLORE.
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000085314</u> .	were filed on $08-30-21$ and assigned
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 Liabilite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."  1914 Myakka Court  PionCiana Fl 34759
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1914 Myakka Court Pioriciana Fl 34759
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	es la Repis  yakka coust  Enter Florida street address  ana . Florida . Sy 759  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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Wilfort Garand	1914 Myakka CT pionciana	FL DAdd
	V	4502 Almark Dr Oslando F	L Kemove
			☐ Change
HABR_	Nannesla Regis	1914 Myakka CT fionciana	F/ DAdd
	<u> </u>		Remove
			Change
MGR	Michelet Coichy		Add
		4502 Almork Droslando	FL & Remove
			Change
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Fffect	ive date, if other than the date of filing: (optional)
If an eff <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0201 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	08-30-21
	(must of
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00