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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Docum	nent Number)	
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COVER LETTER

то:	Registration Se Division of Cor			*
SUBJEC	TAH2.	LLC		
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Thomas Huge	r	
			Name of Person	
		TAH2, LLC		
			Firm/Company	
		928 Sycamore Syc	camore Streett	
			Address	
		Daytona Beach, FL 32	2114	
			City/State and Zip Code	
		Daytona Beach, FL 32		
		E-mail address: (t	to be used for future annual report notif	lication)
For furth	er information c	oncerning this matter, please ca	all:	
T	homas Huger		386 631-0350 at ()	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	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 Tallahagan EL 22214

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 M. Mannos Street, Suita 910

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TAH2, LLC			2022 JUN 15 PM 1: 26
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appe	ears on our records.)	SECTO - 112
			SELICE MICY OF SIGHT TALL AHASSEE, FU and assigned
The Articles of Organization for this Limited Liability Company	were filed on _	4/2/1120	and assigned
Florida document number <u>L2000114090</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	w		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muning address MAT BE AT OUT OF THE BOAT		· · · · ·	· ···· · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Floric	la
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as p			-

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	GR = Manager		
AMBR =	Authorized	Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			□Change
	·····		□Add
			□Remove
		-	□Add
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			Change
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Change Thomas Huger to CC	00				
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				ALC	J. F.
	 .			KHZ KHZ	5
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ive date, if other than the date	of filing:			(optional)	
fective date is listed, the date must be sp If the date inserted in this block do nent's effective date on the Departm	ecific and cannot be ses not meet the a	pplicable statutor	ig or more than 90 da	ys after tiling.) Pursu	
d specifies a delayed effective date. led.	, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after
9 June	2022	2			
	X) C	1 .			

Typed or printed name of signee