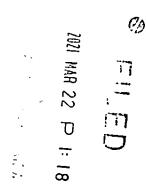
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COVER LETTER

TO: Registration Sec Division of Corp				
TMSS, LLC	2			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jamie Moore Marcario			
		Name of Person		
	Brava Business Law, PLL	Ç		
		Firm/Company		
	2260 5TH AVENUE SOU	TH, SUITE 1		
		Address		
		City/State and Zip Code	<u> </u>	
	SAINT PETERSBURG, FL			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please ca	all:		
Jamie Moore Marcario		727 300-1990 at ()		
Name of	f Person		Telephone Number	
Enclosed 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)	
<u>Mailing Addres:</u> Registration S		Street Address: Registration Sect	2021 MAR	© 77 = 1
Division of C P.O. Box 632 Tallahassee, F	orporations 7	Division of Corp The Centre of Ta	orations & & O Illahassee Street, Suite 810	H_ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMSS, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/27/2020	and assigned
Florida document number L200001144185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		707
B. If amending the registered agent and/or registered		E 7
	office address on our records, enter the	name of the new register
agent and/or the new registered office address here:		· N
		, D 111
Name of New Registered Agent:		
New Registered Office Address:		. 18
-	Enter Florida street address	
	Florid:	a
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SARKAR, SONYA		
			□Remove
			≡ Change
MBR	SARKAR, SONYA		□Add
		-	□Remove
		- -	=Change
			□Add
			Remove 03
			E Change
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			Remove
			□Change
			
			Remove
			Change
			
			□Remove
			El Characterist

Ms. Sarkar is a Manager an	d Member of TMSS, LLC.		
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		GRIF)	
fective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b cument's effective date on the I	ast be specific and cannot be prior to date of block does not meet the applicable state	(optional) filing or more than 90 days after filing.) Prutory filing requirements, this date wi	orsuant to 605.020 If not be listed as
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 9	0th day after the
ted March 18	<u>2021</u> · <u>(// / /) · · · · · · · · · · · · · · · </u>		
(1011110 1/1/111	11	

Filing Fee: \$25.00