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2024 MAR -8 PM 3: 31 SECRETARY OF STATE TALLAHASSEE. FL

## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: TAllouTizee Properties LLC  Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ayder Jimenez Contes  Name of Person  ThlowThere Properties LLC  Firm/Company
9839 119Th WAY  Address  Seminole, FLorida 33772
Sewinole, FLorida 33772  City/State and Zip Code  TAllow TRee properties I Cogmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAllowTree Properties LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on $\frac{5}{26}$ and assigned orida document number $\frac{2000141988}{20000141988}$
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C."  atter new principal offices address, if applicable:  sincipal affice address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  failing 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 ent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:  Aydee C Jimenez Coares  9839 119Th WNY  Enter Florida street address
Seminde Florida 337.72  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

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>	Name	<u>Address</u>	Type of Action
MgR	Michael A. Chang	P.O. Box 253	□ Add
		P.O.Box 253 Bushnell FL 33513	Remove
			□ Change
			🗆 Add
		<del></del>	□Remove
			□ Change
			🗆 Add
		——————————————————————————————————————	SEC HAR
		ר הייני הייני הייני	Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	8 PH 3: SSEE, FL
	SECRETARY - E
	SE SE
- - -	
(If an el <u>Note:</u>	tive date, if other than the date of filing:
f the reco ecord is f	ord 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 illed.
Dated	Signature of a member or althorized representative of a member
	Aydee C IMPNEZ COATES  Typed or printed name of signee

Filing Fee: \$25.00