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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	KDQS;	TYL Z LLC ited Unability Company	<u> </u>
The enclosed Articles of An	nendment and fec(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Mes	lana Morr	-iS
	ROGST	TYLZ LLC Firm/Company	
	2941	River Trace	e ark
	Braden	And Frond	<u>a 34208</u>
-	Roas E-mail address: (t	City/State and Zip Code + ULZ 1990 @ to be used for future annual report notification	Smail.com
For further information conc	erning this matter, please ca	ıll:	
Melana	Morris	at (941) 348 Area Code Daytime T	-8566
Name of Fe	ison 7	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	ollowing 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 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on UNE 20, 2020 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	Andrew I. Norris	2941 River Trace Circle	/ 2 Dhidd
		2941 River Trace Circle Bradonton, H 34208	: □Remove
			□Change
AMBR	Joselyn E. Merron	1718 Chapel Tree Cirle Bandon, Th 3351)	? <u>~_</u> ⊠∆ dd
	V	Brandon, 12 3351)	Remove
			□Change
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			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
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an effecti lote: If t	date, if other than the date of filing:
record s _l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	April 21 Jaso
	Signature of a member of authorized representative of a member Melana Morris

Filing Fee: \$25.00