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4 3/18/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIVE TIE CITY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Reyes Name of Person FINE THE CHILLO FIRM/Company
1417 S. Kirkman Road # 1046
City/State and Zip Code Five Tie (i+ 1 @ gmgil. Com E-mail address: (to befused for future annual report notification)
For further information concerning this matter, please call:
JaSon Pefes at (321) 830 77 10 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

FILED

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Five Ti	Liability Compar Florida Limited L	y as it now appears on lability Company)	SECRI TALI our records.)	LI MY UF STATE -AHASS EE.FL
The Articles of Organization for this Limited Lia Florida document number <u>L. 20 000</u> 20	bility Company (were filed on <u>03</u>	104/22	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:		ry Ford	Rd Ste 107
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		rry For 061 , FL 328	d Rd Stc 10=
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	10226	UCV J FOCE Enter Florida s.	Rd Svite	107 PNB 12010
	Octano	City	Florida	32825 Zip Code
New Registered Agent's Signature, if changing Re	gistered 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	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note	tive date, if other than the date of filing: [Coptional] [Coptional]
he reco	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 ided.
Dated	March 3rd 2022
	Signature of a member or authorized representative of a member
	Vicina Onitac

Filing Fee: \$25.00