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### **COVER LETTER**

Division of Corporations
SUBJECT: TASSY Group Investment 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:
MARCelin TASSY Name of Person
MARCelin Tassy P.A Firm/Company
135 SE 5th Ave F16
Delray Beach FC 33483 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcelin Tassy at (561) 789 8498  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fec.}\$\$ 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

TASSY Group	investment	LLC
(A Florida	v Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 0000 224</u>	ompany were filed on 07/28	3/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		202
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		C Lucius
(Principal office address MUST BE A STREET ADDR	ESS)	#0.4 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7
	ffices address, if applicable:  SS MUST BE A STREET ADDRESS)  Iress, if applicable:	
		<u>×</u> *. *
Enter new mailing address, if applicable:	this Limited Liability Company were filed on	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	F	Florida
	City	Zip Code
New Registered Agent's Signature if changing Degistered	āa.	

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
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			<b>X</b> Remove
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an effective date  ote: If the da	, if other than the is listed, the date in this ective date on the	nust be specific ar block does not	nd cannot be prio	Caule Statistory	or more than 90 da filing requiremer	( <b>optional)</b> ys after filing.) Punts, this date wil	rsuant to 605.0207 I not be listed as
record specified is filed.	s a delayed effect	ive date, but no	et an effective (	time, at 12:01 a	.m. on the earlier	of: (b) The 90	Oth day after the
ated AUG	ost zil		. 202				
		-					
<del></del>	FUL	Signature of a	member or auth	orized representa	nive of a member	<del></del>	<del></del>