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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PAUL ARSLANIAN		
		Name of Person	.
	TUSCOZ, LLC		
		Firm/Company	
	74 E. Long Lake Road, Su	ite 100	
		Address	
	Bloomfield Hills, Michiga	n 48304	
	···	City/State and Zip Code	
	paul@estateplans.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Paul Arslanian		248 540-7500	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C 48. Ph 7.116.55

TUSCOZ, LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on August 11, 2020	and assigned		
Florida document number L20000233008				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Linkilly Common "the designation "LLC" or the	abbaniation "LLC"		
	Liability Company. the designation The or the	rabbieviation E.TC.		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u></u>			
Enter new mailing address, if applicable:	74 E. Long Lake Road			
Mailing address MAY BE A POST OFFICE BOX)	Suite 100	<u> </u>		
	Bloomfield Hills, Michigan 48304			
	Bloomfield Films, whenigan 48504			
		ame of the new regi		
gent and/or the new registered office address here: Name of New Registered Agent:		ame of the new regi		
gent and/or the new registered office address here:		ame of the new regi		
	Mice address on our records, enter the n			

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>	<u>Name</u>	Address Constitution 11 Address	Type of Action
MGR	John Zessin	6029 N. Ocean Boulevard	□Add
		Ocean Ridge, Florida 33435	Remove
			□Change
MGR	Paul Arslanian	74 E. Long Lake Road	= Add
		Suite 100	□Remove
		Bloomfield Hills, Michigan 48304	[]Change
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			□Remove
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an effective o	late is listed, the	date must be s	pecific and	cannot be p	rior to date o	d filing or n	iore than 90 c	lays after fi	ling.) Pursuw	nt to 605.0207 (3) t be listed as the
	effective date o					tutory min	g requirem	ems, cois c	iate will no	t de listeu as un
record spec	ifies a delayed	effective dat	e but not	an effectiv	etime at i	?-Ollem	on the earli	er oti (b)	The 90th (inv after the
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Filing Fee: \$25.00

Typed or printed name of signee