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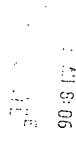
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
CITE IN COR	nterprise LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tyrone Mackey		
	<del></del>	Name of Person	
	T-Mack Enterprise LLC		
		Firm/Company	
	1087 NW 38th ST		
		Address	
	Miami, FL 33127		
	<del></del>	City/State and Zip Code	
	Tmackey440@gmail.com	_	:
	E-mail address: (	to be used for future annual report notificatio	n)
For further information of	concerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
Tyrone Mackey		305 761-3426	377. 30.3
Name o	of Person		phone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of Corporations		Division of Corporate	
P.O. Box 6327		The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-Mack Enterprise LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000260511}{L20000260511}$ .	were filed on 08/24/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
T-Mack Consultants LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1031 Ives Diary Rd	
(Principal office address MUST BE A STREET ADDRESS)	Miami , FL 33179	
Enter new mailing address, if applicable:	1031 Ives Diary Rd	
Mailing address MAY BE A POST OFFICE BOX)	Miami. FL 33179	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	k does not meet me appik	ranic statutory filing	(option re than 90 days after for requirements, this of	<b>ial)</b> ling.) Purs late will	suant to 605,021 not be listed :
ecord specifies a delayed effective d is filed.	ate, but not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b)	The 90t	h day after th
August 12th	. 2024	·			
Mare	gnature of a member or auth				

Filing Fee: \$25.00