LZC CCC 311695

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	·
(City	y/State/Zip/Phon	e #)
. PICK-UP	MAIT	MAIL MAIL
(Bus	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

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D: Registration Se Division of Cor				
	O CO. 1 LLC			
ЈВЈЕСТ:	Name of Lim	ited Liability Comp	any	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	TINASHE GWENA			
		Name of Per	son	
	10THIRTY HOLDINGS L	LLC		
		Firm/Comp	any	
	7901 4TH ST N STE 300	ס		
		Address		
	ST PETERSBURG, FL,	33702		
	* 10 **	City/State and Z	ip Code	
	teegcapital@gmail.com E-mail address: (to be used for future	annual report i	notification)
or further information of	concerning this matter, please c	all:		
INASHE GWENA		561	249-977	5 OR (813) 322-2177
Name o	of Person	at (Area Co	ode Day	time Telephone Number
nclosed is a check for t	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified ((additional c		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Γ Γ 1 2	he Centre o	Section Corporations of Tallahassee Paroc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) ited Liability Company)	
oany were filed on 10/02/2020	and assigned
liability company here:	
Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
<u> </u>	
fice address on our records, <u>enter th</u>	e name of the new register
	<u>~</u>
	<u> </u>
Enter Florida street address	<u> </u>
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	da Zip Gode
, Flori	da Zip Gode
[]	10/03/2020

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR =	Manager	
ABR =	Authorized	Member

t <u>le</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□Add
		<u></u>	□Remove
			Change
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ctive date, if other than the d	ete of filing:		(optional)	
effective date, if other than the date ffective date is listed, the date must be: If the date inserted in this bloc iment's effective date on the Department.	e specific and cannot be prior k does not meet the applica	to date of filing or more t	han 90 days after filing.) Pursu	ant to 605,0207 of be listed as
ord specifies a delayed effective of filed.	late, but not an effective tir	me, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
FEBRUARY 4TH	2021			
d Contonic till		_·		
(del				
Si	gnature of a member or autho	rized representative of a	member	