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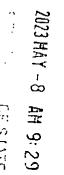
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

BJECT: Mural TM			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew B. Gold, Esq.		
		Name of Person	
	Gold Mediation		
		Firm/Company	
	10101 W. Sample Road, S	uite 444	
		Address	
	Coral Springs, Florida 330	65	
		City/State and Zip Code	
_	mgold@gold-mediation.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Matthew B. Gold, Esq.		954 857-1212 at ( )	
Name of Person			me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mural TML, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 19, 2020 and assigned Florida document number L20000367042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  $\alpha$ Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) 9 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

le	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
AMBR	Tammy Gold	8925 Parkland Bay Dr., Parkland, FL 33076	≣Add
			□Remove
			□Change
AMBR	Tally Oz	12143 Watermark Way, Parkland, FL 33076	<b>=</b> Add
			□Remove
			□ Change
	<del></del>		□Add
			□Remove
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Tective date, if other than the one offective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	be specific and cannot be pri ck does not meet the appl	licable statutory filing re	(optional) than 90 days after filing.) Purs quirements, this date will	suant to 605,0207 not be listed as
ecord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The 90t	h day after the
ed April 21	2023			
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	rgnature of a member or au	thorized representative of a	member	