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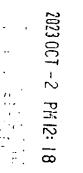
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## COVER LETTER:

Division of Corpora	ations		
SUBJECT: The	Tynan's Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	The Tynan. 5621 Wysming	Name of Person  Firm/Company  Address  City/State and Zip Code  Grail. Com  be used for future annual repor	Richy FL 31652
For further information conce	erning this matter, please call	٠	
Janiel Jynan Name of Per	Sou	at ( <u>737</u> ) Area Code Di	978 - 0348 aytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
<b>5</b> \$25.00 Filing Fee	3 \$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 (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Typan's LLC				
The Typan's LLC (Name of the Limited Linbility Com (A Florida Limite	npany as it now appears on ou ed Liability Company)	r records.)		
he Articles of Organization for this Limited Liability Compa orida document number <u>しょのの 37447</u> 3	any were filed on11/3	7/ 20 20	_ and ass	signed
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited li	iability company here:			
FLA HAO CO LUC				
FLA HAO CO, LUC ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	on "LLC" or the abbre	viation "L	.L.C."
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRESS)				
			20	
			2023 OC	. مح سدا
nter new mailing address, if applicable:	ALIA		<u> </u>	
failing address MAY BE A POST OFFICE BOX)		· ·	2	
		· 1	2	, i ,
		,	75	<b>~</b>
. If amending the registered agent and/or registered		records, <u>enter the</u>	e nagoe	of the
gistered agent and/or the new registered office address h	<u>tere</u> :			
N. C.V. D. C. LA				
Name of New Registered Agent:				
New Registered Office Address:	12 19 1	·-		
	Enter Florida stree			
	City	Florida	2 (2)	
	City		zip vode	

## 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>	Name	Address	Type of Action
MGR	Carlos Ross Martinez	6142 9th Ave	<b> Ş∕</b> Add
		New Port Richey Fr 3460	53 ☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
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(If an effective date is lined to the information of the information o	other than the date of filing:
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	2023
	Signature of a member or authorized representative of a member
_	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00