## 21000015090

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| J. HORNE                                |  |  |  |
| APR - 1 2024                            |  |  |  |
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Office Use Only



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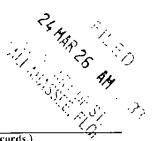


## COVER LETTER

| Division of Cor             |  | •   |  |  |
|-----------------------------|--|---|--|--|
| TLRMA LI                    |  |   |  |  |
| SUBJECT:                    | Name of Limi                           | 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:                               |  |  |
|                             | Rocco Lamura                           |   |  |  |
|                             | <del></del>                            | Name of Person                                  |  |  |
|                             | Lamura, Matizia, Rasile & Partners LLP |   |  |  |
|                             | Firm/Company                           |   |  |  |
|                             | 1688 Meridian Ave STE 7                | 00  |  |  |
|                             |  | Address   |  |  |
|                             | Miami Beach, FL 33139                  |   |  |  |
|                             |  | City/State and Zip Code                         | <u>_</u>   |  |
|                             | rocco.lamura@tlrtlaw.com               | to be used for future annual report notif       | Testion)   |  |
| For further information of  | oncerning this matter, please ca       |   | (Carton)   |  |
| Rocco Lamura                |  | 212 5645400                                     |  |  |
| Name o                      | f Person                               | at ()<br>Area Code Daytime                      | Telephone Number   |  |
| Enclosed is a check for the | ne following amount:                   |   |  |  |
| <b>■</b> \$25.00 Filing Fee | □ \$30.00 Filing Fee &                 | S55.00 Filing Fee &                             | ☐ \$60.00 Filing Fee,  |  |
|                             | Certificate of Status                  | Certified Copy<br>(additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Addres              | is:                                    | Street Address:                                 |  |  |
| Registration Section        |  | Registration Section                            |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TLRMA 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 Co   | ompany were filed on 01/07       | 72021<br>——————————————————————————————————— | and assigned            |
|--|----------------------------------|--|-------------------------|
| Florida document number L21000015090   | <b>_</b>                         |  |                         |
| This amendment is submitted to amend the following:  |                                  |  |                         |
| A. If amending name, enter the new name of the limit   | ed liability company here        | <b>;</b>                                     |                         |
| LMRA LLC   |                                  |  |                         |
| The new name must be distinguishable and contain the words "Limit  | led Liability Company," the desi | gnation "LLC" or the ab                      | breviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |                                  |  |                         |
| (Principal office address MUST BE A STREET ADDRI   | <u>ESS)</u>                      |  |                         |
|  |                                  |  |                         |
|  |                                  |  |                         |
| Enter new mailing address, if applicable:  |                                  |  |                         |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                  |  |                         |
|  | <del></del>                      |  |                         |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our reco       | ords, <u>enter the nam</u>                   | e of the new registered |
| Name of New Registered Agent:  |                                  |  |                         |
| New Registered Office Address:   |                                  | ı street address                             |                         |
|  | Enter r tortac                   | i sirvet adaress                             |                         |
|  |                                  | Florida                                      | 7. 6.1                  |
|  | •                                |  | 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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## Page 2 of 3

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| Effective date, if other than the state of t | block does not meet the applicable statutor  | (optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (2 ry filing requirements, this date will not be listed as the |
| he record specifies a delay<br>The 90th day after the re   |  | tive time, at 12:01 a.m. on the earlier of:   |
| March Dated  | 20th   |   |
|  | ·  |   |
| Thomas   | Signature of a member or authorized represe  | entative of a member  |
|  | riginature of a memori of audiorized teprese |   |
| Rocco Lamura   |  |   |
|  | Typed or printed name of sig                 | gnee  |

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