## LZ10000 36097

(Requestor's Na	ame)
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PICK-UP WAI	T MAIL
(Business Entity	y Name)
(Document Nun	nber)
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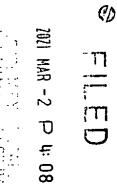
S.C. 04/22/21



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: TM	canine.	SC/ViCe5 L ited Liability Company	LC
	Name of Lim	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:	
	Tyler	Joshua Mech Name of Person	<u>k</u>
	TM Can	Firm/Company	LLC
	517 lego	une drive	
	Port oran	De Florida, 3. City/State and Zip Code	2/27
		city/state and zip code  [e(ViGes Q 9 m 4; / to be used for future afinual report not	
For further information of	oncerning this matter, please ca	all:	
Tyle ( Name of	Meck Person	at ( <u>386</u> ) <u>301 -</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for the	c following amount:		<i>₹</i> /2021
\$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 englosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro Tallahassee, Fl	pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number	ollity Company	were filed on Janua	/y  9 Th and assigned
amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liabi	ility company here:	
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET).	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>0X</i> )		
•			
B. If amending the registered agent and/or reg agent and/or the new registered office address i	<u>here</u> :	-	€b
Name of New Registered Agent:	Tyler	Joshua Meck Legume dr Enter Florida street a Orange City	2021
New Registered Office Address:	517	Legume de	ddress 500 N
	port	orange	, Florida 370/2
New Registered Agent's Signature, if changing Re	/ pistered Agent:	City	場所 <b>Zhp Code</b> 野川 <b>O</b>

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

tt 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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			Change
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tive dete	if other than	the date	of filing:				Jantianall' 11
Tective date	is listed, the date	must be s	pecific and c	annot be prior to date	of filing or more	e than 90 da	ivs after filing.) Pursuant to 60
	inserted in the ctive date on th				atutory filing i	eaureme	nts. this date will not be us
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rd specifies	s a delaved effe	ective dat	e, but not a	n effective time, at	12:01 a.m. on	the carlie	r of: (b) The 90 day after
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