121000038861

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COVER LETTER

Division of Cor			
Tandem Pla			
SUBJECT:	Name of Lim	sted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Brian S. Shelton		
		Name of Person	
	Carter Shelton Jones, PLC		
		Firm Company	
	2021 Richard Jones Road.	Suite 240	
		Address	
	Nashville, TN 37215		
		City State and Zip Code	
	E-mail address, (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please co	all:	
Brian S. Shelton		615 200-8798	
Name o	f Person	at () Area Code Daytim	e Felephone Number
Enclosed is a check for the	ka Kallangina mpampi		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
<u>= 30.389 (mag ())</u>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy tadditional copy is enclosed)
Matting Value		Street Address:	
<u>Mailing Addres</u> Registration (Registration Sec	
Division of C	orporations	Division of Cor	porations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tandem Place I.I.C				
(<u>Same of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our i arbility (Company)	records.)	
The Articles of Organization for this Limited I Torida document number 1.21000038861	Liability Company	were filed on <u>January</u> 19.	202)	and assigned
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liab	ility company here:		
ot Applicable				
he new name must be distinguishable and contain the	words "Limited Laabi	ity Company," the designation	"LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		Not Applicable		
Principal office address MUST BE A STRE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable		
3. If amending the registered agent and/or gent and/or the new registered office addronament. Name of New Registered Agent:		iddress on our records, <u>s</u>	enter the name	e of the new regis
	XI.e Vandi mbl.			
New Registered Office Address:	Not Applicable	Enter Florida street e	nldress	- 23
	Not Applicable		121 - 2.3	Zip Göde
	7 sea , approxime	Cit)	_, Florida	Zip Göde
ew Registered Agent's Signature, if changing	Registered Agents	•		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Emply 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 bunility company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Martha Quigley	117 Groume Drive	
		Nashville, TN 37205	■Remove
			□Add
			Likemove
			[]Change
			©Add
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			\(\tau \) Add
			□Remove
			□Change

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Effective date, if other that	n the date of filing:
Note: If the date inserted in t	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 this block does not meet the applicable statutory filing (equirements, this date will not be listed as the Department of State's records.
e record specifies a delayed ef rd is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	2023
1/1	-/)-//··
, _ ,	Senance of a member or authorized representative of a member
Brian S. Shelton, a	Authorized Representative
	Typed or printed name of signer