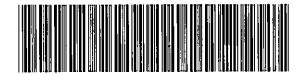
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#### **WALK IN**

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#### **COVER LETTER**

Division of C			
SUBJECT: TB3S LL	.C		
		imited Liability Company	
		Name of Person  Firm/Company  ORIAL DR  Address  K, FL 33825  City/State and Zip Code  (Algerial commail address: (to be used for future annual report notification)  atter, please call:  at (863 ) 212-3590  Area Code Daytime Telephone Number  Int:  ing Fee & CI \$55.00 Filing Fee & CI \$60.00 Filing Fee	
The enclosed Articles of	of Amendment and fee(s) are si	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Sharif Uddin		
		Name of Person	
	TB3S LLC		
		Firm/Company	
	1302 MEMORIAL DR		
		Address	······································
	AVON PARK, FL 33825		
	sharif008700@gmail.com E-mail address:	(to be used for future annual report and	(Former )
For further information of	concerning this matter, please of		nicauon)
Sharif Uddin		at ( 863 ) 212-3590	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			
Division of C		Registration Sec	tion .

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 ARTICLES OF ORGANIZATION

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### 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

Title	<u>Name</u>	Address	Type of Action
MGR	Simanta Saha	5861 Abbey Church Road	<b>≡</b> Add
		Dublin OH 43017-2501	□Remove
			□Change
MGR	MD Nadirul Islam	1658 Sandy Side Dr	
		Columbus OH 43235	Remove
			Add
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