

Florida Department of State Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T'S MAITANCE COMPANY L.L.C.

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Help

From: Janet Koh

TO:

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		ANCE COMPANY L.L.C.		
30 DJ EC		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please re	turn all correspo	indence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
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_	Name o	d'Person	at ()  Area Code Daytime	Telephone Number
Enclosed	l is a check for th	he following amount:		
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MAILING ADDRESS:

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

From: Janet Koh

T'S MAITANCE COMPANY L.L.C.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany us it now appears of Liability Company)	n our records,)	3 2 3
			_ and assigned
The Articles of Organization for this Limited Liability Compar	iy were med on	<del></del>	and assigned 
Florida document number 1.21000089774			10000000000000000000000000000000000000
This amendment is submitted to amend the following:			and assigned
A. If amending name, enter the new name of the limited liz	bility company here	<b>:</b>	
T's maintenance L.L.C.			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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 registered agent and/or the new registered office address have a Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new
New Registered Office Address:			
-	Enter Floride	a street address	
		, Florida	Zip Code
	Сиў		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	te performance of m s provided for in Ch	y duties, and I am fa apter 605, F.S. Or, i,	miliar with and Othis document is
If C	nanging Registered Ager	nt, Signature of New Reg	stered Agent

To: +18506176383 · ·

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 = Ms $AMBR = At$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:  (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	int to 605.0207 (3) It be listed as the
he record specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the The 90th day after the record is filed.	e earlier of:
Dated 10/25/2021	
Signature of a member or authorized representative of a member	
Terer lynch  Typed or printed name of signee	<del></del>