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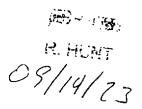
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DATE:

09/14/23

NAME: TSY PARTNERS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Tallahassee, FL 32314

Division of Cor			
TSY Pari SUBJECT:	tners, LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kaitlin Malaspina		
		Name of Person	
	Galanter Tomosov	rich LLC	
		Firm/Company	-
	437 Grant Street, S	Suite 1000	•
		Address	
	Pittsburgh, PA 152	219	
	 ::	City/State and Zip Code	
	kbm@galantertom		
		to be used for future annual report noti	ification)
For further information c	concerning this matter, please c	all:	
Kaitlin Malaspina		at (<u>412</u>) <u>802-2686</u>	
Name o	d Person		e Telephone Number
Enclosed is a check for the	he following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	Callahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: FE5E7170-8310-4987-B7F6-C7B96345EADB

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

TSY Partners, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number <u>L21000098003</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		ovišovi 023 SEP
		所 SEP
		# C. 200
Enter new mailing address, if applicable:	633 Isle Of Palms Drive	D 3880
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301	72 E.S.
		10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u> i	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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

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II amenung Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titte</u>	<u>Name</u>	Address	Type of Action
MGR	Patrick A. DeSimone	7901 4th Street N., Suite 300 St. Petersburg, FL 33702	□ Add
			XiRemove
			Change
AMBR	Michael D. Snyder	633 Isle Of Palms Drive Fort Lauderdale, FL 33301	<u></u> ∑Add
		-	Remove
			☐ Change
		-	□Add
			Remoder Compositor
			رم م Chappe الله الله الله الله الله الله الله الل
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