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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
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(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
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COVER LETTER

	egistration Se ivision of Cor			•
our un com	MYTSC LL	.C		
SUBJECT	:	Name of Limited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter		
		Larry Micheal Millmeyer		
			Name of Person	
		MY TSC LLC		
			Firm/Company	
		711 N PARK ROAD STE	Α	
			Address	
		Plant City, FL 33563		
			City/State and Zip Code	
		Micheal@mytscllc.com		
			to be used for future annual report no	lification)
For further	information c	oncerning this matter, please co	all:	
Larry Mich	heal Millmeye	г	813 333-3114 at ()	
	Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$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)
R	Lailing Address Legistration S	Section	Street Address: Registration S	
	Division of C CO. Box 632		Division of Co The Centre of	
	allahassee, l			oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYTSC LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L21000144399	Company were filed on MARCH 29.2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
MY TSC LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	2F55)
Timelyat ignee and essentially and an arrangement of the second of the s	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
muning undress MAT DE ATOST OFFICE DOM	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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

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

<u>Title</u>	Name	Address	Type of Action
MGR	Micheal Millmeyer	711 N Park Road STE A Plant City, FL 33563	🗀 Add
,			■Remove
			□Change
MGR	Larry Micheal Millmeyer	711 N Park Road STE A Plant City, FL 33563	≣Add
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		• • • • • • • • • • • • • • • • • • •	□Change
			□Add
			□Remove
			□Change

Plea	se add our EIN number to SunBiz EIN 86-3112108
<u></u>	
n effecti ote: If t	date, if other than the date of filing:
ecord spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Jul	y 15 2021
	Affect
	Signature of a member or authorized representative of a member
	Lagar Mil 1 /Million
	Typed or printed name of signer

Filing Fee: \$25.00