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COVER LETTER

	egistration Sec ivision of Com					
	Fair Square	Assets LLC				
SUBJECT	:	Name of Lim	uited Liability Company			
		Amendment and fee(s) are sub	•			
		Victor Alba				
			Name of Person			
		T&V Unlimited, Inc.				
			Firm/Company			
•		7726 Winegard Road				;·;
			Address			
		Orlando, Florida 32809			, -	'
		victor@positivemarketing.c	City/State and Zip Code		:	م نڌ
			to be used for future annual report notification)		į,	f.H 7: 58
For further	information co	oncerning this matter, please o	all:		17.7	58
Sasha A. F	rancis, Esq.		954 715-1933 at()			
	Name of	Person	Area Code Daytime Telephon	ie Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Fil Certificat Certified (additional o	c of Stat Copy	us &
R D P.	alling Address egistration S ivision of Co O. Box 632 allahassee, F	fection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

- Fairsquare H	SSEES 1.66
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	
ne Articles of Organization for this Limited Liability Company were filed o	n 4/28/2021 and assigned
orida document number 1210001737 62/00/197437	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	ny here:
e new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	- 2
nter new mailing address, if applicable:	;
Mailing address MAY BE A POST OFFICE BOX)	-::-
	LT 01
	
. If amending the registered agent and/or registered office address on or gent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	, Florida
Ciry	, Florida Zip Code

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	Name	Address	Type of Action
AMBR	T&V Unlimited, Inc.	7726 Winegard Rd., Orlando, Florida 32809	≣ Add
			□Remove
			Change
	-		□Add
			□Remove
			• :
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			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

 	
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	, = 8
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
ote: If the date inserted in this block does not meet the applicable sta	itutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at l is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
ated MARCH 27th, 2024.	
105th 100-	
Signature of a member of authorized re	presentative of a member

Filing Fee: \$25.00