L21000215519

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COVER LETTER

TO: Registration Division o	on Section f Corporations				
	rren Enterprises, LLC			•	
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	Quindelyn Willis or URe	eda'T Buchanan			
		Name of Person			
	T Warren Enterprises, Ll	LC			
		Firm/Company			
	3533 Talisman Dr				
		Address			
	Middleburg, FL 32068				
		City/State and Zip Co	ode		
	twarrenenterprisesllc@gn E-mail address	nail.com : (to be used for future ann	ual report notific	ation)	
For further informat	ion concerning this matter, please		•	,	Q)
UReda'T Buchanan		352 at ()	328-6024	<u>;</u> :	1021
N	ame of Person	Area Code	Daytime T	Celephone Number	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check	for the following amount:				F 77
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<u>Mailing Ac</u> Registrat	Idress: ion Section		Address: stration Secti	ion	
Division	of Corporations	Divis	sion of Corpo	orations	
P.O. Box Tallahass	6327 see, FL 32314		Centre of Tal N. Monroe S	llahassee Street. Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T Warren Enterprises, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 10, 2021 and assigned Florida document number L21000215519 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new_registered agent and/or the new registered office address here: . 1 Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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 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>	<u>Name</u>	Address	Type of Action
AMBR	Louise Brunelle	374 N Mimosa Ave	
		Middleburg, FL 32068	Remove
			□Change
MGR	UReda'T Buchanan	1019 NW 6th Ave	□ Add
		Gainesville, FL 32601	
			■Change
			Remove
			Change
			Change
			Remove
			□ Change
<u>_</u>			
			Remove
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ective date, if other than effective date is listed, the date e: If the date inserted in thument's effective date on the	must be specific and is block does not n	cannot be prior to neet the applicat	date of filing or n	nore than 90 day		ng Purs	
cord specifies a delayed effe i filed.	ective date, but not	an effective tim	e, at 12:01 a.m.	on the earlier	of: (b)	The 90ti	h day after th
May 21		2021					
			- ·				

Typed or printed name of signee