121000262356

(Red	questor's Name)	
(Add	dress)	
(Ádd	dress)	
·	·	
(Cib	//State/Zip/Phone	. #h
(City	TOTALCIZIDIT HONC	. 11)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doo	cument Number)	
(23.	, , , , , , , , , , , , , , , , , , , ,	
0-4:5-4-0	C + +15 h	-6.04-4
Certified Copies	. Certificates	or Status
Special Instructions to F	Filing Officer:	
ľ		

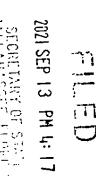
Office Use Only



000372932300

09.13/21--01039--011 ++25.60

9/3/203/14



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TVPS, LLC	·
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Alys	Name of Person
TVPS	S LUC Firm/Company
37601	Rolling Acres Rd
	City/State and Zip Code
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Alyssa Gleinn Name of Person	at (720) 256-7909 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gertified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TVPS ILC	2021 SEP 13 PH 4: 17
(Name of the Limited Liability Comp. (A Florida Limited	I Liability Company) TALL ANASSEE. FLUX
The Articles of Organization for this Limited Liability Company Florida document number $\frac{12100036356}{}$.	y were filed on $\frac{6/7/31}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
he new name must be distinguishable and contain the words "Limited Liabi	pility Company," the designation "LLC" 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: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: /	
New Registered Office Address:	Enter Florida street address
 	, Florida
law Desistand Apont's Signature if shanging Desistand Aponts	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

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

Type of Action Title Address Name MGR Shulz Shannon 37601 Rolling Acres RD DAdd

Lady Lake, FL 32159 Remove _____ □Change _____ Change □Add Change ______ ПRетюче

_____ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
fan ef <u>Note:</u>	tive date, if other than the date of filing:
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Sept. 9, 2021.
	Signature of a member or authorized representative of a member