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T. MATTHEWS APR 12 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: TMacc Pauty Name of Limit	led Liability Company
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter to	o the following:
Toda	Mack Name of Person
Tmace	Planty, U.C.
SISY COMIN	Rivel Way
Spring Hill	FL 311007 City/State and Zip Code
+ thentein E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	II:
Name of Person	at (350) 573-7705 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 MAR 30 AM 11: 48

- Mack Dec	ity ll	n our records
(Name of the Limited Liability Co (A Florida Limi	ted Liability Company)	in our records.
The Articles of Organization for this Limited Liability Comp.	any were filed on <u>I</u>	Me 9,3031 and assigned
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 L	.iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	ice address an our recu	ards enter the name of the new registere.
agent and/or the new registered office address here:	et address on our reco	the the name of the new registers.
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 Age	<u>ent:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off	lete performance of my as provided for in Cha	oduties, and I am familiar with and upter 605, F.S. Or, if this document is

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
mG1Z	Lovi Risser	5154 Commercue Way	lX/Add
		5154 Commercue Way Spring Hir , FL 344007	□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an effective d <u>fote:</u> If the o	late is listed, the date inscried in	date must be n this block	e of filing: _ specific and can does not meet tment of State	not be prior to da the applicable	ate of filing or more than	(optio 90 days after rements, this	nal) filing.) Pursuant to 605.0207 (date will not be listed as t
record speci I is filed.	fies a delayed	effective da	te, but not an t	effective time,	at 12:01 a.m. on the c	arlier of: (b)	The 90th day after the
rated	Yiels_		nature of a mem	CECC J. J. J.	d representative of a me	mber	
			Tia , ,				

Filing Fee: \$25.00