## 121000303608

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/19/21--U1029--U16 \*\*30.08



## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
TKOMRE	II.LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATALIE ZAGURY		
		Name of Person	<del></del>
	ZAGURY SCOTT PA		
	<del>-</del> ·	Firm/Company	ddress  and Zip Code  M  or future annual report notification)  954  Area Code  Daytime Telephone Number  \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations
	11601 BISCYANE BLVI	) #310	
	-	Address	
	MIAMI FL 33181		
		City/State and Zip Code	
	NATALIE@ZAGURYSC		
	li-mail address: (	to be used for future annual report no	otification)
For further information of	oncerning this matter, please c	all:	
NATALIE ZAGURY			
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S			Section
Division of C		<del>-</del>	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L21000303608</u>	Company were filed on 7/1/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	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 ADDI	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	<u> </u>	3
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registe
		est e
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	1000 = 1
	Enter Florida street address	17.17.19
	, Florid	daZw 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	JALAL ABUIMWEIS	20200 W DIXIE HWY #812	□Add
		MIAMI FL 33180	□Remove
			<b>■</b> Change
<del></del>		<del>-</del>	□Add
			□Remove
			□ Change
			bbA□
		<del> </del>	□Remove
			□Change
		<del>-</del>	
			□Remove
			□Change
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			□Remove
			□Change
			□ Add
			□Remove
			□ Choose

JALAL ABUIMWEIS								
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iment's effective date on the D	pariment o	of State's re	ecords.					
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cord specifies a delayed effectiv filed.	; date, out	not an eriec	tive time, a	. 12:01 a.m.	on the carn	ei oi: (b)	The 90th day a	aner me
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Filing Fee: \$25.00