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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Teyo Woy Name of Lin	X LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	<u>Sal</u>	ind Pitts or	Crockett Clark
	Te	MONEY LLC	<u>, </u>
	5424	Indian Blux	= Drive
	Yangstaur Tevau E-mail address:	City/State and Zip Code City/State and Zip Code To be used for future annual report notification of the code of	CON (icalion)
For further information c	concerning this matter, please c	all:	
Salina Name o	Pi++S of Person	at (250) SCOT	-054 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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 Tallahassee, FL 32314

Street Address: 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

TAROLUOIX LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L 2 00 0:32 0 5.18	were filed on $\frac{7/14}{202}$ and assigned				
Florida document number = 1000 520 3.19					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	dity 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:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a	address an our regards, enter the name of the new registered				
agent and/or the new registered office address here:	address on our records. ener the name of the new registered				
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 Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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>	<u>Name</u>	<u>Address</u>	Type of Action
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cord specifies a delaye s filed.	d effective date, but no	ot an effectiv	ve time, at 11	2:01 a.m. or	the earlie	er of: (b)	The 90th	day after t
ed AUGUS	t 10th	202						
(Signature of a	member or a	uthorized ren	resentative o	fa member	<u> </u>		
	Digitation of t		orizeu rep					

Filing Fee: \$25.00