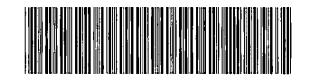
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del> </del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	J. HORNE SEP 2 0 2022

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TAMWHOTAM LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle Rhoden
Ithwho Ithm, LLC Firm/Company
425 SE 151 Street # 100/
Ompano Beach, Fr. 33060  City/State and Zip Code
E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Ountelle Rhoden at (305) 527-9776  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

FILED

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## ARTICLES OF AMENDMENT 2022 SEP 19 AH 8: 24 TO SECRETARY OF COMMISSION FALL AHASTEEL F

TAMWHOTAM LL (
(Name of the Limited Liability Company as it now appears on our records.)

**OF** 

(Same of the Limited Liability Comp. (A Florida Limited	any as It now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 12100320691	y were filed on July	14, 202 and assigned
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 Liab	ility Company," the designatio	n "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 agent 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
<del>-</del>	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

<u>Title</u>	Name	Address	Type of Action
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		3924 Captain Orive Chamblee, GA 30341	iMRemove
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e: If t	ne date inse	rted in this	he date of fil must be specific a block does no Department o	ot meet the	applicable s	of filing or mo tatutory filing	re than 90 days requirements	optional) after filing.) Pr , this date wi	ursuant to 605.0207 Il not be listed as
ord sp filed.	ecifies a de	layed effec	tive date, but r	not an effec	ctive time, at	: 12:01 a.m. o	n the carlier o	f: (b) The 9	Oth day after the
d	Septer	nber	19 R:	_, 20	22.	_			
			Signature of	amember o	r athlorized i	representative o	(a member		

Filing Fee: \$25.00

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