K21000344753

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

Division of Cor	porations		
subject:7	Name of Lim	E 2000 LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IGOR N	AURARU Name of Person	
	TYNY	40ME 2000 L Firm/Company	.40
	2724 Vii	4 MURANO 60 Address	27
	Clearxa	TeR FC 337	64
	TINY HOM E-mail address: (ne 2000 @ gucaic to be used for future to hual report noti	COM_fication)
For further information c	oncerning this matter, please ca	all:	
GOR MO	URARU f Person	at (727) 322 Area Code Daytim	re 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

TYNIY HOME 2000 110

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000344753</u> .	were filed on <u>July 30, 2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
TINY HOMF 2000 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "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)	2724 via Mur, Clearwater, FC	4NO 627 33764
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	e of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	C
	Circ	Zin 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 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>	Address	Type of Action
MGR	LOOR MURARY	2724 VIA MURANO, CE	Peakwoter, FC
		2724 VIA MURANO, CA Apt. 627 33764	□Remove
		33764	☐Change
			□Add
			□Remove
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cord specifi s filed.	ies a delayed	effective date,	but not ar	effective	time, at 12	:01 a.m. on	the earlie	rof: (b)	The 90th day	after the
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ted <u>Au</u>	<u> GOR</u>	Muri Signatu R Muri	ARY ire of a me	mbyr or au	Mules Thorized repr	esentative o	fa member			_