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TO BRUCE

## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	TIVI BIUNY (0/1/1/10) LL ( 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:	
	Manguh ika Person	
	TIVI Browly (Ullilan, LL(	
	1541 SW 116 11 AVE	
	Pimbioke Pinis FL 33025  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further in	N	
man	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25.00 F	iling Fee \$\Bigcup \$30.00 \text{ Filing Fee & Both Status Beautiful Solutional Copy is enclosed} \Bigcup \$\sqrt{\text{Solutional Copy is enclosed}} \Bigcup \$\text{Solutional Copy is enclosed} \Bigcup \$\text{Solutional Copy is enclosed}} \Bigcup \$\text{Solutional Copy is enclosed} \Bigcup \$\text{Solutional Copy is enclosed}} \Bigcup \$\text{Solutional Copy is enclosed} \Bigcup \$\text{Solutional Copy is enclosed}} \Bigcup \$\text{Solutional Copy is enclosed} \Bigc	

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

Tive Beauly	Willighian	, 24 (			
Till Biotely (Name of the Limit	ed Liability Compa (A Florida Limited I	nv as it now appears on o hability Company)	ur records.)	<del></del> _	
The Articles of Organization for this Limited Li Florida document number <u>L2/00/35</u> 3	ability Company	were filed on $\frac{S}{S}$	106/ 2	and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designa	tion "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)	, .	· <del></del> _		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE .	<u>BOX)</u>				
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our record	s, <u>enter the</u>	name of the new register	<u>:d</u>
	<del></del> .			2021 , TAL	
Name of New Registered Agent:					
New Registered Office Address:	2719	Hollywood	Bluit	Full 8/31	
	Hall	Enter Florida str			
	<u> 170114w</u>	City	, Florid:	a <u>-350€</u> de	
				( ) (	

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 Title Name <u>Address</u> Type of Action MCR fition, Shiller 2719 Hollyword Blyd -Add

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Filing Fee: \$25.00