Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086

Phone : (916)576-7000 : (800)603-5868 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TENANTCY LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 12/28/21 Time: 2:28 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENANTCY LLC				
(Name of the Limited Liability (A Florida l	Company as it now appea Limited Liability Company)	irs on our records.)		-
The Articles of Organization for this Limited Liability Co	ompany were filed on _	08/19/2021		and assigned
Florida document numberL21000373081				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limit</u>	ed liability company h	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the	designation "LLC" o	or the abbrev	nation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:		. <u> </u>		
Mailing address MAY BE A POST OFFICE BON				<u></u>
B. If amending the registered agent and/or registered	office address on our	records, enter th	e nameo	f the new registe
igent and/or the new registered office address here:			<u> </u>	CEC C
Name of New Registered Agent:			- 13.5 -	FILE
New Registered Office Address:				<u>♣</u> □
	Enter Fl	orida street address	9 <u>2</u> 7	
		, Flor		<u> </u>
	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.

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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>	i <u>Name</u>	Address	Type of Action
AMBR	RUCKI, CHRISTOPHER	3229 WAUSEON DR	🗆 Add
		WINDERMERE, FL 34786	NRemove
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			□Remove
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ument's effective date on the Depart	ment of State's records.	statutory timing requiremen	<i>V</i> Ø	
			2021 SELLA	
cord specifies a delayed effective dates filed.	e, but not an effective time, a	at 12.01 a.m. on the earlie	>::: (7)	
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		representative of a member	- 5<u>-</u> 5 -	

Filing Fee: \$25.00