## 121000459298

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2022 MAR -4 AM III: 02

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	ration Sec on of Corp						
95 SUBJECT:	39 BOCA	COVE CIR 102 LLC					
Name of Limited Liability Company							
The enclosed A	rticles of <i>I</i>	Amendment and fee(s) are sub	mitted for filing.				
Please return all	correspor	ndence concerning this matter	to the following:				
		Thomas De Sernia					
		<del></del>	Name of Person				
			Firm/Company				
		21526 Sweetwater Lane S					
			Address				
		Boca Raton FL 33428					
		tom@sama-labs.com	City/State and Zip Code	***			
For further infor	rmation co	e-mail address; (	to be used for future annual report not all:	ification)			
Thomas De Ser	nia		561 702.3460 at ()				
	Name of	Person	Area Code Daytin	ne Telephone Number			
Enclosed is a ch	neck for the	e following amount:					
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is circlosed)			
	g Address tration S		<u>Street Address:</u> Registration Sc	ection			
Divis	ion of Co	orporations	Division of Co	rporations			
P.O. I	Box 632'	7	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 MAR -4 AM II: 02

9539 BOCA COVE CIR 102 LLC

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) FALL AHASSEE, FLORE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10.21.2021 and assigned Florida document number L21000459298 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

\_\_\_. Florida \_\_\_\_

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	Thomas De Sernia	21526 Sweetwater Lane S	
		Boca Raton FL 33428	■Remove
AMBR	TDS Management Capital Holdings	21526 Sweetwater Lane S	■Add
		Boca Raton FL 33428	□Remove
		<del>-</del> ·	□Change
		·	□Add
			□Remove
			Change
			□Remove
		_	□Change
			□Add
			□Remove
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			□Add
			Remove
		_	□Change

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