**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000707343)))



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To:		7972 TEB
	Division of Corporations	75 P2
	Fax Number : (850)617-6383	Sign Ca
From:		··· ( )
, i om.	Account Name : REGISTERED AGENTS INC.	ुं ज़
	Account Number : I20090000081	93.
	Phone : (307)200-2803	-j
	Fax Number : (855)330-1010	₹.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMURIEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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K. SALY

FEB 2 4 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2022 FEB 23 PH 5: 10
TALLAHASSEL FLORIO,

TAMURIEL, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed o	on <u>01/07/22</u>	and assigned
Florida document number <u>L22000016227</u>	<del>-</del>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
Patrice Tamuriel Fulton LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	"the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	hle:	<u></u>	
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on	our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent:	Registered Agents	s, Inc.	
New Registered Office Address:	7901 4th St N STE		
	<u>-</u>	er Florida street address	00700
	St. Petersburg	, Florida	33702
	Cuy		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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action Title: Name<sub>e</sub> □Add □Remove \_\_\_\_\_ □Change □Remove □ Change \_\_\_\_\_ Remove \_\_\_\_ Change \_\_\_\_\_ □Add □Remove \_\_\_\_\_ □Change

\_\_\_\_\_ □Add

\_\_\_\_\_ □Remove

\_\_\_\_\_\_ Change

Effective date, if other than the date of filing:    (optional)						<u>,, , _, _, _, _, _, _, _, _, _, _, _, _,</u>		
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