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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Skyway R SUBJECT:	eptiles & Exotics LLC				
Sobject.	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Ismail C Tufekci				
		Name of Person			
	Skyway Reptiles & Exotic	es LLC			
		Firm/Company			
	7503 Mill Hopper Court				
		Address	 		
	Palmetto, Florida 34221				
		City/State and Zip Code			
	ismail.c.tufekci@gmail.cor				
		to be used for future annual report not	ification)		
For further information (concerning this matter, please c	all:			
Ismail C Tufekci		727 656-0673 at ()			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he 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)		
<u>Mailing Addres</u> Registration		Street Address:	ation		
Division of C			Registration Section Division of Corporations		
P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skyway Reptiles & Exotics 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 Liability Company were filed on 01/11/2022 _____ and assigned Florida document number L22000023764 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **TUFWAY LLC** 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 Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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
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ective date, if other than the effective date is listed, the date in the list of the list	nust be specific and	cannot be prior to	date of filing or me	re than 90 days after	filing.) Pursuant to 605.02
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	tive date, but not :	an effective time	, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
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s filed.	Signature of a m		ed representative of	of a member	

Filing Fee: \$25.00