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D. BRUCE FEB 28 2022

## **COVER LETTER**

TO: Registration ! Division of Co	Section orporations			
SUBJECT: Tranquile	ezy, LLC			
		nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	braitted for filing.		
	ondence concerning this matter			
	Alexander Marohnic			
		Name of Person	<del></del>	
	Tranquileczy, LLC	T' (O		
		Firm/Company		
	PO Box 3751			
		Address		
	Hollywood, FL 33083			
		City/State and Zip Code		
	alexandermarohnic@gmail.	com		<b>~</b> >
		to be used for future annual report notification)		2627
For further information of	concerning this matter, please ca	ali:	ALLAH ALLAH	E BE
Alexander Marohnic		at (313 ) 655-1491	### ##################################	8
Name o	f Person	Area Code Daytime Teleph		
Enclosed is a check for the	ne following amount:			\hat{\chi}{\chi}
□ \$25.00 Filing Fee	S30.00 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	

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**

Tranquileezy, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.)
(A Frontia Camilla Liabiliti	y Company)
The Articles of Organization for this Limited Liability Company were	filed on 01/26/22 and assigned
Florida document number <u>L22000046065</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
Tranquilease, LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	Description Lie.
(Principal office address MUST BE A STREET ADDRESS)	8
	Tu S
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<b>T</b>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	mm I
	m = i
<del></del>	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address berei	IS On our records enter the name of the name
agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature of the state of the stat	Zip Code
TVT REFIREITI AGPOIT NOMANNE (f.k., t. r. r	

## 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, enter the title, name, and address of each person being added or removed from our records:

Tomoved Hom our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Dated February 13 , 2022		
Signature of a momber or authorized representative of a member		
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Filing Fee: \$25.00