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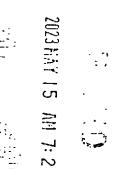
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor			
SUBJI	: :ct: <u>Тор</u>	Tirk MGM Name of Line	T LLC ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Khchch	Name of Person	
		Top TIR	Firm/Company	
		13575 58	th St. North	
		L'Email address 4	City/State and Zip Code Chyh Chhy Coro	utication)
For fur	ther information c	oncerning this matter, please ca	•	,
	K/1C/10/12 Name o	Courdon/ Person	at (<u>717</u>) <u>226</u> Area Code Daytin	· Oto 1/Z ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊡ \$2	5.00 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)
	Mailing Addres Registration 5		Street Address: Registration Se	ection

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

TOO TIER HE	MT IIC	2023 EAY 15 AM 7: 21
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \frac{12000651519}{\text{0.5}} \end{align*}.	y were filed on Jaz	11/3Ry 31, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the desig	gnation "L.L.C" 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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
Non-Borton and American State of the Control of the	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete	•	

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Tito Bell Se	1212 Loth St. South	
		SI Pakerburg, F1.337	20/ DRemove
			□Change
RG	Klichole Gordon	1212 Leth St. South	
		St. Re Leisburg, F1.33	ZUZ □Remove
	4		Z Chang e
AP	Klichola Gordan	1212 6th St. South	22 xaa
		1212 leth St. South St. Petersburg, F1.3370	<u>/</u> □Remove
			□Change
			□Add
			□Remove
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Signature of a member or authorized representative of a member		T1 D11 6
Signature of a member of a member of a member		
1 11 - 11 11 11		Signature of a member or authorized corresponding of a member

Filing Fee: \$25.00