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(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(During Fully March
(Business Entity Name)
(Document Number)
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T. MATTHEWS MAR 31 2022

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
ouninge	TS REALTY & VENTURES LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		TAMARA STARCHER			
			Name of Person		
		TS REALTY & VENTUR	ES LLC		
			Firm/Company	 	
		16859 KEY LIME BLVD			
Address			 _		
LOXAHATCHEE FL 33470					
			City/State and Zip Code		
		ITAMARA.STARCHER@		<u> </u>	
		E-mail address: (to be used for future annual report no	otification)	
For further i	nformation co	oncerning this matter, please c	all:		
TAMARA STARCHER		954-732-43 at ()	283		
	Name of	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 l	Filing 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 enclosed)	
	iling Addres gistration S		Street Address: Registration S	Section	
		orporations	Division of Corporations The Centre of Tallahassee		
	D. Box 632 Hahassee, I			Tallahassee oe Street, Suite 810	
1 4	riuriussee, l		2110111110111	SE SHEEK SHIP WID	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now annears on our records.)

TS REALTY & VENTURES LLC

221 1 1.13:21

(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.22000054205	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
e		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ie name of the new regis
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
Name of New Registered Agent.		•
New Registered Office Address:	Enter Florida street address	
		• 1
	, Flor	ida 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, 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	TAMARA STARCHER	16859 KEY LIME BLVD	= Add
		LOXAHATCHEE FL 33470	□ Remove
			□Change
AMBR	NATHAN STARCHER	16859 KEY LIME BLVD	□ Add
		LOXAHATCHEE FL 33470	□Remove
			Change
			□Add
			□Remove
			□ Change
~			
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an eff i <u>ote:</u>	ive date, if other than the date of filing:
is fi	
ated	3/4/202-2
	Signature of a member or authorized representative of a member