L22000054511

(Requestor's Name)
(Address)
(7,001633)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100410045641

06/07/23--01007--005 **25.00

2023 JUN - 7 FH 2: 27

Y. SCOTT

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Tand W	Solutions company	y LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	2
		Name of Person	023 JUN -7
	- (Jieer	Fim/Company.	2.2
	940	Decring Wills	$\overline{K} \overline{\Sigma}_{-}$
	chip	CityState and Zip Code Stock 850 a Ya	<u> </u>
	E-mail address: (3 Brech 850 a Partio be used for future annual report notification)	hoo.com
For further information c	concerning this matter, please co	all:	
Name o	J Brock	at (SSO) 703-5494 Area Code Daytime Telephone Nun	ibe:
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tand W S	any as it now appears on our records.) Liability Company)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L ZZOOOOS</u> S	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	chippy FW 3242B
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0 Box 941 ch, play FL 32428
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change Change
			P ∏ □ Remove
			~~~ □Change
			☐Add
			□Remove
			□Change
			Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	<del></del>							
					-		_	
<del></del>	·						· · · · ·	
				· <del></del> ,				
				_		_		
<del></del> ·							<del></del>	
							023.	
		<del></del>		<u> </u>	,			6 6
		<del></del>	<del></del>				+7	1
			<del></del>	<del></del>			<del>- 1</del>	<del>1</del>
					_	<u>~</u> .	$\dot{\wp}$	· /
						,	27	
		·						
	<del></del>					<u> </u>		
n effective date is liste te: If the date inse	ner than the date ed, the date must be sp rted in this block de date on the Departn	ecitic and canno ses not meet th	e applicable st		than 90 days		ng.) Pursi	
ecord specifies a de s filed.	layed effective date	, but not an eff	ective time, at	12:01 a.m. on	the earlier of	f: (b)	The 90th	day after th
. <	/ 7	て	<u> 023</u> .					
led <u>5</u>	<del></del>							

Filing Fee: \$25.00