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Division of Corporations

Florida Department of State

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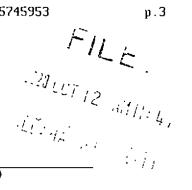
TO: Registration Se Division of Cor				
TEMINICE	K, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fec(s) are sub	-		
	Kevin Rowan, Esq.			
		Name of Person		
	Fernandez Legal			
Firm/Company				
	135 W. Central Blvd., Ste.	300		
		Address		
	Orlando, FL 32801			
	•	City/State and Zip Code		
	admin@fernandez-legal.com	m to be used for future annual report notil	fication)	
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Kevin Rowan		407 574-5977		
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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

(((H23000301137 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



TEMINICK, 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 Liabilit Florida document number		vere filed on	02/07/2022		and assigned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabil	ity company	/ here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," t	he designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	:				
(Principal office address MUST BE A STREET AL	DDRESS)				
Enter new mailing address, if applicable:					······································
(Mailing address MAY BE A POST OFFICE BOX)	<u>ν</u>		,		

B. If amending the registered agent and/or registe agent and/or the new registered office address her		ldress on ou	r records, <u>en</u>	ter 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 Regist	tered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	nd complete p ed agent as pr stered office a	erformance ovided for i	of my duties n Chapter 60	, and Lam fa 05, F.S. Or, i,	miliar with and fithis document is
	If Chang	ing Registered	Agent, Signatu	re of New Regi	stered Agent

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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
ММ	THOMAS L MINICK	2389 E VENICE AVENUE, PMB 122	□ Add
		VENICE, FL 34292	≡ Remove
			□ Change
AR	THOMAS L MINICK	2389 E VENICE AVENUE, PMB 122	
		VENICE, FL 34292	□Remove
			□ Change
			[C] Add
			□Remove □
			Remove
			Change
			□ Remove
			☐ Change
			□Add
			□Remove
			Chance

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Sective date, if other than the date on effective date is listed, the date must be specified. If the date inserted in this block does current's effective date on the Department.	fic and cannot be prior to date is not meet the applicable s			ing.) Pursuant to 605.	
	ut not an effective time, a	t 12:01 a.m. on the	earlier of: (b)	The 90th day after	the
s filed.					
ted	e of a member or authorized				