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FILED 2002 HAY 16 PM 4: 22 SEGRETHARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: TYICI	BunafideLLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler	Name of Person	
			
	Tyleri	BUN a fide LLT Firm/Company	
	1585	Deltona Blud Address	
	<u>Springhi</u>	Florida 34606 City/State and Zip Code	
	E-mail address: (1	B 20035 D 3 M Wil Con to be used for future annual report notif	valication)
For further information c	oncerning this matter, please ca	all:	
Tylev Name o	Bunatide f Person	at (34606) 352-6 Area Code Daytime	575 - 9193 Telephone Number
Enclosed is a check for the	ne following amount:		
 \$25,00 Filing Fcc	☐ \$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 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**

FILED

Tyler Bo	onafide LLC	2022 MAY 16 PM 4: 22
(Name of the Limited Liability (A Florida L	Company as it now appears on our raimited Liability Company)	ecords.) SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Cor		11/2022 and assigned
Florida document number L22000071077	-	. •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ad liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	
	vnter Florida strvet c	
	Cirv	, Florida
New Registered Agent's Signature, if changing Registered	•	cap seem

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.

It 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
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