## L22(9(9()0)71165

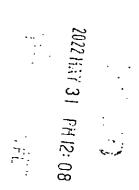
(Re	equestor's Name)	<del>,</del>
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
Tandem Er	nterprises LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rasheem Edward		
		Name of Person	
	Zenbusiness Inc		
		Firm/Company	
	5511 Parkerest Dr., Suite 1	03	
		Address	······································
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
For further information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ineation)
Zenbusiness Inc c/o Ras	heem Edward	844 4936249 at ( )	
Name of Person			ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	l'allahassee
Tallahassee, l	t1. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 31 PH 12: 08

Tandem Hospitality Staffing 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 Liability Company were filed on  $\frac{2/11/2022}{1}$ and assigned Florida document number 1.22000071165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Randem Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter F'orida street address

## 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.

City

If anrending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Remove	
		□Change	
		□Adđ	
			□Remove
			Change
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ote: If the date inserted	han the date of filing:
record specifies a delayed is filed.	I effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
5/1	2022
ited	<del></del> '
	ristopher Price