L22000071444

(F	Requestor's Name)	<u> </u>
(<i>p</i>	Address)	
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(0	City/State/Zip/Phone #)	
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DIVISION OF COSPONATIONS
22 MAR 22 PM 2: 59

T. MATTHEWS

APR -7 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

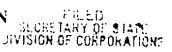
Division of Cor	porations	•	
SUBJECT: TOLI	Check by ton	ted Liability Company	· 4 *
	Amendment and fee(s) are sub-		
r rease return an correspo	ndence concerning this matter	to the tonowing.	
	Tamara	Lai(D)X Name of Person	
	_ Touched_	by Tam LLC Firm/Company	<u>. </u>
	2900 NW	28TY C+	
	Lauderdale	City/State and Zip Code	3311
	E-mail address: (1	NIC (C) (1 MCIII · C UM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ea	all:	
TUMCIT CI Name o	LCCDX f Person	at (Stol) V) V -	2460 te Telephone Number
Enclosed is a check for the	_		
图 \$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 Registration 9 Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	-	The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Touched by Tam



22 MAR 22 PH 3 00

(<u>Name of the Limited Llability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2200071444</u> .	ny were filed on <u>FCD/Uary</u> 11th	<u>√2022</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2800 W OAKI	and Park bl
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 NW 28m Lauderdale lak	(+ (PS, FL 333))
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	name of the new registere
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 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
CED	tamara Lacroix	2800 1800 W Cakind	🗆 Add
		Peirk Blud, Dakland	[v]Remove
		12ar, FL 33311	□Change
AMBR	Tangara Lacroix	2800 W arkland par	- EAdd
		BIVD, Daklard park	□Remove
		FL 33311	□Change
			□Add
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F Effective	date if other than the da	ate of filing:		(ontional)	
Note: If	ve date is listed, the date must be the date inserted in this block is effective date on the Depart	k does not meet the app	licable statutory filing re-	(optional) han 90 days after filing.) Pursuan quirements, this date will not	it to 605.0207 (3)(be listed as the
If the record s		date, but not an effective	e time, at 12:01 a.m. on t	ne earlier of: (b) The 90th d	ay after the
record is filed		_	-		
	ebruciny 11th.		<u></u>		

Filing Fee: \$25.00