## K22000073749

(Req	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	□ WAIT	☐ MAIL
1 1014-01	L ***	MIMIC
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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2022 HAR -1 MH 7: 07
SECRETANY OF STATE

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## **COVER LETTER**

Division of Corpo			
SUBJECT: TYE	Allen Properti	es, LLC	<del> </del>
	Name of Limit	led Diatility Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Lori	M ( Til ) Name of Person	
		Firm/Company	<del>-</del>
	<u> </u>	2072 Reglat Par	-k_ln.
	Birmine	Gham AL 353 OCity/State and Zip Code	4,2
	J E-mall address: (i	tieshe @ (24100K.) o be used for future annual report notifi	(COC)
For further information co	ncerning this matter, please ca	all:	
LOY   M ( (	Person	at ( <u>205</u> ) <u>354 -</u> Area Code Daytime	- 8569 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	:	Street Address:	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 HAR - 1 AM 7: 07

Name of the Limited Liability Company	till LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company) IALLA SSEE
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{2/14}{22}$ and assigned
Florida document number <u>L22000013749</u> .	
This amendment is submitted to amend the following:	
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	v Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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
AMBR	Lori MCtill	7901 4th St. N. STE 300	
		St. Petersburg, FL 3370	<u>)</u> □Remove
	· <del></del>		
			□Remove
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			□ Remove
			Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	2.23 . 2022.
	Signature of a member or authorized representative of a member
	Deloces NCGill  Typed or printed name of signee
	Typed or printed name of signee