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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Sec ivision of Corp					
OUD IECT	Lisa M. Tka	ch LLC				
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		Mario Masses-Valera				
	, ,		Name of Person			
•		Masses-Valera PA				
	r	•	Firm/Company	<u></u>		
		11455 SW 40th Street				
			Address	· ·		
٠.		Miami, FL 33165				
	·		City/State and Zip Code			
		mario@massesvaleracpa.com		tification)		
For further	information co	e-mail address: (to oncerning this matter, please ca	o be used for future annual report no	incation)		
Lisa_Tkach	1		786 295-5723			
-	Name of	Person		ne Telephone Number		
Enclosed is	s a check for th	e following amount:				
<b>宣 \$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Address		Street Address: Registration S	ection		
. , D	ivision of Co	orporations	Division of Co	orporations		
R D	egistration S	ection orporations	Registration S	orporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisa M. Tkach LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on	02/17/2022 and assigned	
Florida document number L22000078968		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
Lisa Tkach LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	. 2	
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	A Y	
Pakananan ang Barand Jawan 18 ang Pankha.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	;
Enter new mailing address, if applicable:	30 <u>T</u> O	<del></del>
(Muiling address MAY BE A POST OFFICE BOX)	<u>ာ</u> ၂- ယ	–(¯.
	<del></del>	<del></del> .
		•
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the name of the new regi</u> s	<u>itere</u>
Name of New Registered Agent:		
New Registered Office Address:		
Enter I	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 Changing Registered Agent, Signature of New Registered Agent

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
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••		
tive date, if other than the date of filing:	(optional)	
Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement that is effective date on the Department of State's records.		
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th da	v afte
iled.		,
( HVII)		