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(Re	equestor's Name)	 -
(Ad	idress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number))
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SECRETARY OF STATE OF CORPORATIONS

T. MATTHEWS
MAY -5 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Tern	ninal 511	(1	
SUBJECT		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tiler	Douglas Name of Person	
	Termin	al 5 tlc.	<u></u>
		rimicompany SE	
	490 M	ercury Ave a	pt 108
	Palm ?	xy FL 30	909
		City/State and Zip Code	
	E-mail address: (by Dev (a) Amai. com	fication)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

Termir	nal 5	LLC	222 APR 14 PM 3: 3:	2
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited L		were filed on(and as	ssigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company." the desig	nation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applied			-	
(Principal office address MUST BE A STREE	ET ADDRESS)		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		ıddress on our reco	rds, <u>enter the name of the ne</u>	<u>w registerec</u>
Name of New Registered Agent:	La Tri	cia Doug	aS	
New Registered Office Address:	490 N	lercury f	SE # 108	
	_lalm	Bay	, Florida <u>3290</u> Zip Code	1
Name Demission of American Co. 18, 18, 18, 18	n			

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 mv 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>	Name	Address	Type of Action
MGR	La Tricia Doglas	490 Nevery Ave SE #108	
		Palm Bay Florida	
		32909	□Change
AMBR	Tiler Douglas	490 Nevery The SE #10	<u>></u> ©□Add
		701 Mercury Tive SE #10 Palm Bay, Florida	□Remove
		- 0 0	
			□Add
			□Remove
			□Change
 -		-	□Add
		·	□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			☐ Change

-		
Tffactive	e date, if other than the date of filing:	
fan effect <u>Note:</u> If	edate, if other than the date of filing:	
e record s d is filed	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	ne
Dated <u>L</u>	huch 14,2022.	
	Signature of a member or authorized representative of a member	
	TILER DOUGLAS Typed or printed name of signee	