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COVER LETTER

Registration Section

TO:

Division of Corp	orations	•	
SUBJECT: Tally	Smooth Proper Name of Limit	ecty Management L ited Liability Company	LC:
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	Brandon	Spencer Name of Person	
		Name of Person	
		Firm/Company	
	_1334 Timber	Tane Rd. STE 15	
		Mahassee, FL, 3231 City/State and Zip Code	
	heandon SP. new (a) + E-mail address: (My Smith procesty mangue to be used for future annual report solif	Ment. (cin
For further information ed	oncerning this matter, please ca	all:	
Bandon Sper	Nes Terson	at (450) SO - Area Code Daytime	3150 Telephone Number
Enclosed is a check for th	e 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Article 2 1 12033 and assigned Florida document number 122000159064 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 Florida street address , Florida City 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>	<u>Name</u>	Address	Type of Action
Managed Managed	Collette Maurice-Gryle	1334 Timberlane Rd. STER	Add
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Filing Fee: \$25.00