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DIVISION OF COMPORATION

22 MAY 10 PM 1: 26

T. MATTHEWS

JUL -8 2022

## COVER LETTER

Division of Corporations	•	
SUBJECT: TPA Shuttes LLC	; , , , , , , , , , , , , , , , , , , ,	
Name of Li	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
<u>Armando C H</u>	Name of Person	
TPA Shuttle	ES LLC Firm/Company	
3104 E Waters	Address	<del></del>
Tampa, Fl. 3	City/State and Zip Code	
•	a omail-com	fication)
For further information concerning this matter, please	call:	
Armando CHernandez II  Name of Person	at ( <u>813</u> ) <u>523 - 7</u> Area Code Daytime	346 e Telephone Number
Enclosed is a check for the following amount:		
\$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:	ntion

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 ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS **OF** 

22 MAY 10 PH 1: 26 imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(**************************************		,,	
The Articles of Organization for this Limited Liability C	•	4-12-22	and assigned
Florida document number <u>L22000017-5257</u>	<del>_</del> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our	r records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	-
	ŕ		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
	1		

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
M&R_	Armando C. Hernandez II	6201 N Nebraska Ave Tampa, FC 33604	
			□Remove
			□Change
AMBR	Armando C Hernardez II	16201 N Nebraska Ave Tampa, FL 33604	
			□Remove
			□Change
			□Remove
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