422000189009

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22 MAY 16 PH 12: 05

T. MATTHEWS JUL 14 2022

COVER LETTER

TO: Registration Se Division of Cor				
FL TS Hole				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shou J Saito			
		Name of Person		
	FL TS Holdings LLC			
		Firm/Company	 	
	940 SW 8th St			
		Address		
	Ft Lauderdale, FL 33315			
		City/State and Zip Code		
	FLTSHoldingsfle@gmail.co E-mail address: (om to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Shou J Saito		954 850-9478		
Name o	i Person	at ()	ne Telephone Number	
Enclosed is a check for the	he 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)	
<u>Mailing Addres</u> Registration 2		Street Address: Registration Se	etion	
Division of C	lorporations	Division of Cor	Registration Section Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	Fallahassee be Street, Suite 810	
•		Tallahassee, FI		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF CORPORATIONS OF CORP

22 MAY 16 PM 12: 05

FL TS Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	1/20/22	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L22000189009		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Stating duaress NEAT BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or register	ed office address on our record	s, enter the name of the new regi
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida stre	eet 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 to 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Aci
MGR	Shou J Saito	940 SW 8th St Ft Lauderdale, FL 33315	= Add
			\(\sime\) Add
			□Remove
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

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Note: 1	we date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
	ed.
rd is file	MAY 11th 8022
rd is file	MAY 11th 8022
rd is file	

Filing Fee: \$25.00