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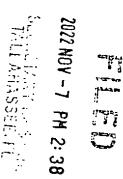
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

. TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
contra nerver		SERVICES LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		EDUARDO MACHADO	OJEDA	
			Name of Person	
		TMA SERVICES LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		30 E 39TH ST #208		
			Address	
		HIALEAH / FL / 33013		
			City/State and Zip Code	
		MACHADO 0392@YAHO	OO.ES to be used for future annual report noti	(Tantian)
For further	information c	oncerning this matter, please c		nemon,
EDYARD	O MACHADO	O OJEDA	305 926 3073	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is	s a check for th	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)
	lailing Addres		Street Address:	ection
	egistration Sivision of C	Section Corporations	Registration Se Division of Co	
P.O. Box 6327			The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVE

2022 NOV -7 PM 12: 23

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2022

EDUARDO MACHADO OJEDA 30 E 39TH ST #208 HIALEAH, FL 33013

SUBJECT: TMA SERVICES LLC Ref. Number: L22000204821

We have received your document for any SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was submitted to change title from CEO to MANAGER that would be an Amendment. I am enclosing the Amendment Form and also make sureto sign the Amendment Form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00016735

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 NOV -7 PH 2: 38

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

(A Florida Limited Liability Company) TMA SERVICES LLC The Articles of Organization for this Limited Liability Company were filed on April 29, 2022 and assigned 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 "LLC." 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

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
MGR	EDUARDO MACHADO OJEDA	30 E 39TH ST HIALEAH FL 33013	≅ Add
			🗀 Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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ive date, if other than the date of filing: fective date is listed, the date must be specific and ca If the date inserted in this block does not mee nent's effective date on the Department of Stat	nnot be prior to et the applicab		more than 90 d		.) Pursuar	
rd specifies a delayed effective date, but not an iled.	effective tim	e, at 12:01 a.n	n. on the earlic	mofi(b) Th	ne 90th d	ay afte
11/01/	2022	1	.			
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Filing Fee: \$25.00