L22000215831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOWER B GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alberto J Ibarra, CPA
Name of Person

Alberto J Ibarra, PA
Firm/Company

7791 NW 46th St, Suite 311
Address

Doral, FL 33166
City/State and Zip Code

aibarra@ajicpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto J Ibarra
Name of Person

at (305) 477-9336
Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRAVER B GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/06/2022 and assigned Florida document number L22000215831.

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 "L.L.C."

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)

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TALLAHASSEE, FL

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

City, **Florida** *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 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

Title	Name	Address	Type of Action
MGR	Noraldo Torres	704 Daugherty Rd, Lakeland Fl, 33809	☐ Add
			■ Remove
			☐ Change
MGR	Lina Maria Torres Bahamon	704 Daugherty Rd, Lakeland Fl, 33809	■ Add
			☐ Remove
			☐ Change
Lina MAr			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** 08/01/2022 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 01, 2022

Signature of a member or authorized representative of a member

Noraldo Torres

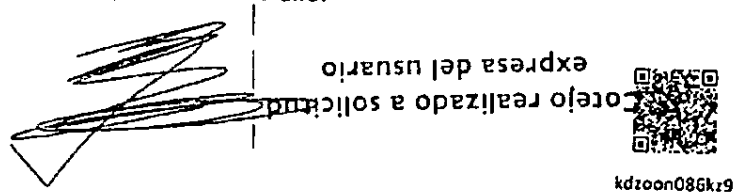
Typed or printed name of signee

Filing Fee: $25.00

RECONOCIMIENTO Y AUTENTICACIÓN DE FIRMA
Artículo 73 Decreto Ley 960 de 1970

12184680

En la ciudad de Medellín, Departamento de Antioquia, República de Colombia, el nueve (9) de agosto de dos mil veintidos (2022), en la Notaría Décima (10) del Círculo de Medellín, compareció: NORALDO DE JESUS TORRES OROZCO, identificado con Cédula de Ciudadanía / NUIP 7458882, quien manifestó que firma este documento en presencia del Notario, quien da fe de ello.



kdzoon086kz9
09/08/2022 - 15:51:25

- - - - - Firma autógrafa - - - - -

Conforme al Artículo 18 del Decreto - Ley 019 de 2012, el compareciente fue identificado mediante cotejo biométrico en línea de su huella dactilar con la información biográfica y biométrica de la base de datos de la Registraduria Nacional del Estado Civil.

Acorde a la autorización del usuario, se dio tratamiento legal relacionado con la protección de sus datos personales y las políticas de seguridad de la información establecidas por la Registraduría Nacional del Estado Civil.

Este folio se vincula al documento de FLORIDA DEPARTAMENTO OF STATE DIVISION OF CORPORATIONS signado por el compareciente.

ELIFONSO CARDONA SANTANA
Notario Décimo (10) del Círculo de Medellín, Departamento de Antioquia

Consulte este documento en www.notariasegura.com.co
Número Único de Transacción: kdzoon086kz9