## L22000248934

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
STATE CORE NOT THE

## **COVER LETTER**

	istration Sec ision of Corp			•	
SPAIRSE	TATEE MUI	LTI-SERVICE & BUSINESS	S SOLUTIONS LEC	•	
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		THOMAS PIERRE, ELTZ	N.		
			Name of Person		
		TATEE MULTI-SERVICE	E & BUSINESS SOLUTIONS LLC	:	
	Firm/Company				
	515 EAST LAS OLAS BLVD120				
			Address	<u> </u>	
		FORT LAUDERDALE, F	L 33301		
			City/State and Zip Code		
		EThomson E-mail address:	to be used for future annual report notifi	fication)	
For further in	formation cor	icerning this matter, please c	•		
THOMAS PI	ERRE, ELTA	Λ	954 790-4447		
Name of Person		at () Area Code Daytime Telephone Number			
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Address: distration Se		Street Address: Registration Sec	etion	
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O	Box 6327		ine Centre of 1	ananassee	

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATEE MULTI-SERVICE & BU	SINESS SOLUTIO	NS LLC		
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{01/6}{2}$	01/2021	and assigned
Florida document number 1.22000248934	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :	
ROUGE CAR (	ZENTAL	LIC		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		515 E. LAS OLAS BLVD STE, 120		
(Principal office address MUST BE A STREE	ET ADDRESS)	FORT LAUDERDALE, FL 33301		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	THOMAS PIERRE, ELTA			
New Registered Office Address:	515 EAST LAS OLAS BLVD SUFTE 120			
		Enter Flori	da street address	
	FORT LAUDE	RDALE	Florida	33301 Zip Code
		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 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 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
CEO	THOMAS PIERRE, ELTA	515 EAST LAS OLAS BLVD	STE 120 FT LAUDERDALE, FL 3330
			□Remove
			Change
		***********	□Add
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			*		
		. 10/06/2022			
(If an effective date Note: If the dat	if other than the date of file is listed, the date must be specific as a inserted in this block does no ctive date on the Department of	ing: and cannot be prior to date of meet the applicable sta	nutory filing require	(optional) 0 days after filing.) Pursuan ments, this date will not	it to 605,0207 (3 be listed as th
he record specifie ord is filed.	s a delayed effective date, but r	not an effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th d	ay after the
Dated OCTOBI	IR (e	$\frac{2022}{\sqrt{2}}$			
	/	HH/			
-	Signature of	a member or authorized re	epresentative of a spen	ther	
тно	MAS PIERRE, ELTA				
	<del></del>	Typed or printed name	of signee		

Filing Fee: \$25.00