22000258627

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
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A. BUTLER JUN 16 2022

COVER LETTER

TO:	Registration Sec Division of Corp				
CUBIC	T & S VILL				
SUBJE	СТ:		ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please	return all correspon	dence concerning this matter (to the following:		
		FERNANDO SABINA			
			Name of Person		
		ACOSTA ESTEVEZ PRO	FESSIONAL SERVICES		
Firm/Company					
		7500 NW 25TH ST SUITE	1111		
			Address	····	
		MIAMI, FL 33122			
			City/State and Zip Code		
		acostaestevezacct@gmail.co		· · · · ·	
			o be used for future annual report notific	cation)	
For furt	her information cor	ncerning this matter, please ca	dl:		
FERN	ANDO SABINA		305 592-5240		
	Name of	Person	at ()	Telephone Number	
Enclose	ed 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUH 15 PM 1:35

T & S VILLAGE LLC	Officer		
T & S VILLAGE LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records!) Liability Company) IALL A	HASSEE, FL	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000258627</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	900 E 63RD ST OCEAN		
(Principal office address MUST BE A STREET ADDRESS)	MARATHON, FL 33050		
	1200 W 100 TCPP		
Enter new mailing address, if applicable:	3308 W 100 TERR HIALEAH, FL 33018		
Mailing address MAY BE A POST OFFICE BOX)	MALEAN, FC 33016		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		enter the name of the	
		do	
	, Flori	Zio 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TOMAS RODRIGUEZ QUINTANA	3308 W 100 TERR	⊟ Add
		HIALEAH, FL 33018	Remove
			Change
			Remove
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			□ Remove
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If an effe <u>Note:</u>	ve date, if other ective date is listed, t If the date inserte ent's effective dat	he date must be spo I in this block do	cific and canno es not meet th	ot be prior to ne applicab	date of filing le statutory	g or more that	n 90 days afte	ional) r filing.) Pursu is date will no	ant to 605.0207 of be listed as t
	ord specifies a 90th day after			but not	an effect	ive time,	at 12:01	a.m. on th	e earlier of:
Dated _	JUNE 15		203	22					
		, <	. 1.	//	. 1				
		Signat	go of a member	r or authori	zed represen	tative of a m	ember	 	
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	SERGIO HEI	RNANDEZ							

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Filing Fee: \$25.00