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COVER LETTER

TO: Registration So Division of Co				
AMS TNA	., LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ASHLEY SUNDECK			
		Name of Person	<u>.</u>	
		Firm/Company		
	804 WHITEWAY DRIVE		_	20
		Address		22 JI
	BROOKSVILLE, FL 3460)I		<u>; </u>
	ASHLEY_SUNDECK@Y/	City/State and Zip Code AHOO.COM	YSSE.	2022 JUL -5 PH 2: 33
		to be used for future annual report no	tification)	: ພ : ທຸ
For further information of	concerning this matter, please c	all:		ယ
ASHLEY SUNDECK		813 928-3604 at ()		
Name o	of Person		ne Telephone Number	_
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status &
Mailing Addre		Street Address:	ection	
Registration Division of (Registration Solution of Co		
P.O. Box 632		The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMS TNA, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	,			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000273122</u> .	were filed on 06/15/2022	and assigned			
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."			
inter new principal offices address, if applicable:		209			
Principal office address MUST BE A STREET ADDRESS)		, N			
		> U 1]			
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		75 N V			
		ü			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flor	rida			
	Ciţv	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ASHLEY SUNDECK	804 WHITEWAY DRIVE	
		BROOKSVILLE, FL 34601	□ Remove
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fective date, if other than th	ne date of filing:			(opt	ional)	
n effective date is listed, the date mater. If the date inserted in this	just be specific and can	not be prior to da	te of filing or mo statutory filing	e than 90 days after requirements, the	er filing.) Pursua is date will no	int to 605.020 at be listed a
cument's effective date on the	Department of State	's records.		• •		
ecord specifies a delayed effect is filed.	ive date, but not an o	effective time,	at 12:01 a.m. o	i the earlier of: (b) The 90th	day after th
ted JUNE 24		022				
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Typed or printed name of signee