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LLC N/C Amend



A. RAMSEY MAR 14 2023

COVER LETTER

Division of Corp	orations		
TD	TP //4 //6		
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:	
	John Pe	7770 Name of Person	
		Name of Person	
		Firm/Company	
	833 Sympho	Address	<u>13</u>
	APOLLO BE	City/State and Zip Code	72
	JPHD 830 (E-mail address: (© GMAIL. COM to be used for future annual report notif	ication)
For further information con	ncerning this matter, please c	all:	
John PE	7,770	at (<u>5/7</u>) <u>206 - 6</u> Area Code Daytime	225
Name of (rerson	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:		Street Address:	

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2023 JAN -5 PM 12 36

JPJP 66422C		SECRE	TARY OF STATE	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appea .iability Company)	rs on our records:)[[\ \ \]	LASSEE, FLORIGA	
The Articles of Organization for this Limited Liability Company				
Florida document number $\angle 22000277.571$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab				
TPTP 644 LLC The new name must be distinguishable and contain the words "Limited Liabil				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the al	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		n		
(Mailing address MAY BE A POST OFFICE BOX)				
•				
B. If amending the registered agent and/or registered office a	ddress on our r	ecords, <u>enter the nan</u>	e of the new registered	
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Negatores office radicas.	Enter Flo	rida street address		
	City	, FIOTIQE	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
			□Add
			□Remove
			□Change
	·		
			⊡Remove
			□Change
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Factiva	date, if other than t	the date of fili	na.		,	(optional)	
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	10 hr	-12/11					
	John	Signature of a	1 member or aut	horized representa	tive of a member		

Filing Fee: \$25.00