Florida Department of State Division of Corporations

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COVER LETTER

TO: Registration Se Division of Cor			ė ė						
		MENT GROUPS L.L.C.							
SUBJECT:	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	LOVETTE DOBSON								
		Name of Person							
		Firm/Company							
	17350 STATE HWY 249 STE 220								
		Address							
	HOUSTON, TX 77064								
	EFILE1234@INCFILE.CO	City/State and Zip Code							
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Name of Person		Area Code Daytime	Telephone Number						
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■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Addres		Street Address: Registration Sec	tion						
Registration : Division of C		Division of Corp							

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCY INVESTMENT GROUPS L.L.C.

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on	07/18/2022	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "LLC" or the abb	reviation "	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)				
				.,
B. If amending the registered agent and/or registered office ac	ldress on our rec	ords enter the name	of the n	ew registered
agent and/or the new registered office address here:	101033 VII VIII TEE	<u> </u>		<u> </u>
			•	20
Name of New Registered Agent:			··-	22 J
New Registered Office Address:				
	Enter Floride	i street address	1	8 = = =
		, Florida	-	<u> </u>
	City		Zip Cod	
New Registered Agent's Signature, if changing Registered Agent:			Ç	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and Lam fo apter 605, F.S. Or, i	miliar w if this doc	ith and cument is
If Chun	ting Registered Agen	t, Signature of New Reg	istered Age	ent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000251387 3))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Yaniv Tat	317 Cedar Ln	
		Largo, FL 33770	
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			□Add
			□Remove
			Change
		-	Remove
			Fl Change
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Effective date, if other than the	e date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605,0207 (3
Note: If the data incorred in this is	dock does not meet the applicable statut	ory filing requirements, this date will not be listed as th
tons on the unit inserted in this b	Department of State's records.	
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document's effective date on the D	ve date, but not an effective time, at 12:6	01 a.m. on the earlier of: (b) The 90th day after the
document's effective date on the D e record specifies a delayed effective rd is filed.		01 a.m. on the earlier of; (b) The 90th day after the
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Typed or printed name of signee