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COVER LETTER

TO: Registration Section Division of Corporation (Corporation)			,
SUBJECT:	TO DO 9	Solutions TC, ined Liability Company	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Dave	He Scott Name of Person	
		Name of Person	
	TO T.	Do Solutions Firm Company	
		Firm Company	7.022
	6640	Liberty Place	DEC -5
	V e 10	Firm Company Firm Company Ciberty Place Address Beach, FC 3 City/State and Zip Code To be used for future annual report notificall:	2966
	davett E-mail address: (to be used for future annual report notific	svero. com Fig. 5
For further information con	cerning this matter, please c	all:	
Davette	- 11	at (772) S 3	
Name of P	cison	Area Code Daytime	Lelephone Number
Enclosed is a check for the	following amount:		
X \$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)
<u>Mailing Address:</u> Registration Se	ction	Street Address: Registration Sect	ion
Division of Cor		Division of Corp	orations
P.O. Box 6327 Tallahassee, FL	. 32314	The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	lutions TC CLC company as it now appears on our records.)
(A Florida Lin	nuted Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on July 29,2022 and assigned
Florida document number <u>L22000 336040</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
•	
Enter new principal offices address, if applicable:	2022 DEC 320 NE 17/1111
(Principal office address MUST BE A STREET ADDRES	and the
Enter new mailing address, if applicable:	() () () () () () () () () ()
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
 	
New Registered Office Address:	Emer Florida street address
	, Florida City: Zip Code
New Registered Agent's Signature, if changing Registered A	
	 -
provisions of all statutes relative to the proper and comp	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and a sprovided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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
Mg/	Madeline Dunnega-	- 467 Lonfair Ave	□Add
		Sebastian, Fl	Remove
		32958	□Change
	.		□ Add
			Remove
			2022 Topic - 5
			Add 5
			Add Remove 39
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ctive date, if other than th	e date of filing:			(option	al)	
effective date is listed, the date meg. If the date inserted in this lament's effective date on the	ust be specific and ea block does not med	annot be prior to da et the applicable	ite of filing or more the statutory filing requ	n 90 days after til	ing.) Pursu	ant to 605.0 of be listed
cord specifies a delayed effect filed.	ive date, but not ar	i effective time.	at 12:01 a.m. on the	earlier of: (b)	The 90th	đay after
ed <u>November</u>	28.	2022.				
	<i>)</i>					

Filing Fee: \$25.00