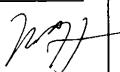
L22000 339015

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
TUKFEL	RC			
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:	•	
	CARLOS BERRIOS			
		Name of Person	 	
	TU K FE LLC			
		Firm/Company		
	15330 TREVISO ST			
		Address		63
	ORLANDO FL 32828			22 A UG
	-	City/State and Zip Code		16 T
	F-mail address: (to be used for future annual report not	ification)	A H
For further information of	concerning this matter, please c			AH 6: 52
CARLOS BERRIOS		407 453-3587		52
Name o	of Person	Area Code Daytin	ne Telephone Number	_
Enclosed is a check for t	he 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 For Certificate of Signature Certified Copy (additional copy is	Status &
\$4.200m - 4.44m		Street Address	•	
Mailing Address: Registration Section		<u>Street Address:</u> Registration So	ection	
Division of C	Corporations	Division of Co	=	
P.O. Box 633		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO K FE LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on ou Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000339015	were filed on $\frac{08/01/202}{}$	2	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>	
Principal office address MUST BE A STREET ADDRESS)		•	22 22
nter new mailing address, if applicable:			2 H.C.
•			o
Mailing address MAY BE A POST OFFICE BOX)			<u></u>
		-	<u>N</u> ¥
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records	, <u>enter the name</u>	of the new register
Name of New Registered Agent:	<u> </u>		·
New Registered Office Address:		٠	
New Registered Office Address.	Enter Florida stre	et address	
		, Florida	
	Спу		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>	<u>Address</u>	Type of Action
MGR	CARLOS J BERRIOS	15330 TREVISO ST ORLANDO FL 32828	= Add
			Remove
		<u>. </u>	□Change
MGR	AMC. GROUP	15330 TREVISO ST ORLANDO FL 32828	□Add
			=Remove
			□Change
			JIVISION OF C
			□Charage 22 co
			Confidence of the control of the con
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
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		JIVISION 22 AUG
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		<u> </u>
		52
		
2. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	or more than 90 days after filing.) Putiling requirements, this date wil	rsuant to 605.0207 (I not be listed as t
f the record specifies a delayed effective date, but not an effective time, at 12:01 a ecord is filed.	.m. on the earlier of: (b) The 90	Oth day after the
Dated TUESDAY, AUGUST 9 2022		
CSA		
Signature of a member or authorized represent	ative of a member	

Filing Fee: \$25.00

Typed or printed name of signee