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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
	Rd 105 LLC					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Thomas De Sernia					
		Name of Person				
		_				
	21526 Sweetwater Lane S	21526 Sweetwater Lane S				
		Address		202		
	Boca Raton FL 33428			2 AU		
	2022 AUG 31 PM 2: 44					
	E-mail address: (to be used for future annual repe	ort notification)	- XSE - 로		
For further information of	oncerning this matter, please ea	all:		20日 21日 21日		
Melissa Ortiz		954 200-90)20	.		
Name o	f Person	at () Area Code I	Daytime Telephone Numb	ect		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy					
Mailing Addre Registration Division of C	Section Corporations		on Section of Corporations			
P.O. Box 633	27	The Centre	e of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5045 Wiles Rd 105 1.1.C	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{8/16/20}{\text{Elorida document number}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
5045 Wiles Rd 206 LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S R 2: L
B. If amending the registered agent and/or registered office address on our recordagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
Enter Florida st	reet address
	. Florida

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.

City

Zip Code

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
MGR	Thomas De Sernia		_ □Add
			_ Kemove
			_ □Change
AMBR	TOS Management Capital	Holdings	_ X Add
			_ □Remove
		HASSE, FL	Dange Dange Dange Dange Dange
			_ □Add
			□Remove
			Change
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Tective date, if other than the neffective date is listed, the date must	date of fili	ng: 8.24.202	2		(option	ial)		
ite: If the date inserted in this blo	ck does not	t meet the app	licable statuto	ng or more than 9 ry filing require	o days after to ments, this o	ling.) Purs late will i	not be li	05.020 sted as
cument's effective date on the De	partment of	State's record	is.					
ecord specifies a delayed effective	date, but n	ot an effective	time, at 12:0	l a.m. on the ca	rlier of: (b)	The 90t	h day afi	ier the
is filed.								
August 24 Lhomas Thomas De Sernia		2022						
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11								