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C/ 9/23/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEMOTORY EXPRESS TRUST PROTECTION Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TEHUTI RA EL
Name of Person
TEHUTI RALL EYPRESS TRUST
Firm/Company
Clo Po. Box 610782
NORTH MIRMI FL 33661 City/State and Zip Code - tehritimal expressition of Qual com E-mail address: (to be used for future annual report notification)
City/Stâte and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEHUTI RA EL at (805) 413 3544 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEHOTI RA ELEYAR (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	st llc
The Articles of Organization for this Limited Liability Company Florida document number <u>レクチのにおいて作し</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- N/A	
(Principal office address MUST BE A STREET ADDRESS)		2122
		22
Enter new mailing address, if applicable:	<u>~ ~ }</u>	? 3
(Mailing address MAY BE A POST OFFICE BOX)		
		. 12
		52
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	NK	
New Registered Office Address:	1	····
	Enter Florida street address	
	, Florida	Zip Code
	City	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
CHISC	MUNPOE, SKFTHRY	0/014225 NR 6th NC #407	□Add
		NORTH MINMI, FL. [3316]	PRemove
			□Change
AMBR	TELITIPA EL	c/o Fo Fox 6/0782	□Add
		NORTH MIAMI TL 33161	
			Change
			□Add
		·	Remove
			□Change
			□Add
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	NA
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Note:	ive date, if other than the date of filing: 69/22/22 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	09 September. 2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00