

L22000361910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

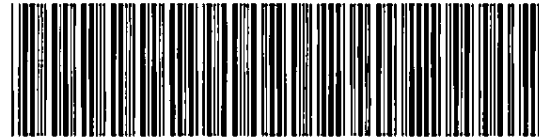
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAY 12 2023

Office Use Only



400408625714

2023 MAY 12 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

20

FILED MAY 12 2023 9:25 AM

RECEIVED
2023 MAY 12 AM 9:32
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: TEHUTI RA EL EXPRESS TRUST ENTERPRISE, LLC
Name of Limited Liability Company

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

Firm/Company

C/O 7832 Orleans St

Address

Miramar FL 33023

City/State 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

Name of Person

at (805)

Area Code

413-3544

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 MAY 12 AM 9:25

TEHUTI RA EL EXPRESS TRUST ENTERPRISES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
APPROPRIATE SECTION

Articles of Organization for this Limited Liability Company were filed on 8/10/22 and assigned
document number L22000361910

An amendment is submitted to amend the following

1. Amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

2. New principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

3. New mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

4. Amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address
City, Florida Zip Code

5. 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 understand 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 Changing Registered Agent, Signature of New Registered Agent

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

AMBR= Manager

BR = Authorized Member

| | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------|------------------------|----------------------------|--|
| AMBR | <u>Damion K. Brown</u> | <u>C/o 7832 Orleans St</u> | <input type="checkbox"/> Add |
| | | <u>Miramar FL 33023</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

[illegible]

If an effective 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)(b)

record 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 filing of the record.

Signature of a member or authorized representative of a member

Filing Fee: \$25.00