## 622000115168

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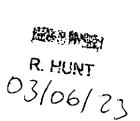
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## **COVER LETTER**

Division of Co		
MARIE C SUBJECT:	TNA PROFESSIONALS LLC	
SOBJECT.	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:	
·	MARIE EUGENE	
	Name of Person	
	MARIE CNA PROFESSIONALS LLC	
	Firm/Company	
	5333 NE 19TH TERRACE	د
	Address	3 3
	POMPANO BEACH FL 33064	 20
	City/State and Zip Code  MARIE35.EUGENE@GMAIL.COM  E-mail address: (to be used for future annual report notification)	วอาจุมาล -6 PH 2: 29
	E-mail address: (to be used for future annual report notification)	 ≖ (
For further information	o concerning this matter, please call:	29
MARIE EUGENE	754 235-5991	
Name	at (	
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 Certificate of St. (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

MARIE CNA PROFESSIONALS LLC		
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our r orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	ty Company were filed on 09/22/2022	and assigned
Plorida document number <u>L22000415168</u>	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	2823
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:		NAY S
Principal office address MUST BE A STREET AL	DDRESS)	
		775 2
		31.9
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<del>-</del>	
3. If amending the registered agent and/or regist		nter the name of the new regist
gent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	ndd) ess
		_ , Florida
<del></del>	Cuy	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 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>	Name	Address	Type of Action
MGR	MARIE EUGENE	5333 NE 19TH TERRACE	bbA <b>≣</b>
		POMPNAO BEACH FL 33064	□Remove
			☐ Change
			DAdd
			□Remove
		: :	. ⇒ □Add
			STAIL Change
			□Add
			□Remove
			□Change
*****			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (lf 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated \_\_\_\_\_ Signature of a member or authorized representative of a member MARIE EUGENE Typed or printed name of signee

Filing Fee: \$25.00