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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations			
SUBJECT:	Tmiz-Elite	Solutions LLC			
301137.01.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Tangee Mizell			
			Name of Person		
		Tmiz-Elite Solutions LLC	:		
		-1-1	Firm/Company		
		2423 Willimette Dr			
			Address		
		Wesley Chapel, FL 33543			
			City/State and Zip Code		
		tanjon1225@gmail.com			
			to be used for future annual report not	dification)	
For further in	formation c	oncerning this matter, please c	all:		
Tangee Mizel	l		at () 501-7405		
	Name o	d'Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	he following amount:			
□ \$25.00 Fi	iling 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)	
	ing Addres		<u>Street Address:</u> Registration Sc	ection	
_		Corporations	Division of Co		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tmiz-Elite Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.22000440034			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7901 4th ST N STE 300 St. Petersburg, FL 33702		
(Principal office address MUST BE A STREET ADDRESS)			
	7901 4th ST N STE 300		
Enter new mailing address, if applicable:	St. Petersburg, FL 33702		
(Mailing address MAY BE A POST OFFICE BOX)	St. Tetershing, Tr. 33702		
	ddress on our records, enter the name of the new registe		
	ddress on our records, enter the name of the new registe		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name of the new registe</u>		
agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registe		
agent and/or the new registered office address here:	ddress on our records, enter the name of the new registe		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address		
agent and/or the new registered office address here: Name of New Registered Agent:			

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>	Name	Address	Type of Action
AMBR	Tangee Wizell	19046 Bruce B Downs Blvd #1418	□Add
		Тапра. Fl. 33647	□Remove
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Statement of Change of Registered Agent.		
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ffective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	filing.) Pursuant to $ heta$	
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this		
ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	fter the
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) I is filed. PACC	The 90th day at	

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Filing Fee: \$25.00