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(Requestor's Name)	
(Address)	9004011
(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

Registration Section

TO:

Division of Ca	rporations		_
	TEE EXPΌ LLC	•	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brandon James		
		Name of Person	, <u></u>
	Guarantee Expo LLC		
		Firm/Company	,
	3817 Turtle Run Blvd, Ap	t 2738	
		Address	<u> </u>
	Coral Springs, FL 33067		
		City/State and Zip Code	-
	guarantee.expo@gmail.con	 to be used for future annual report no 	
For further information	concerning this matter, please c	•	—
Brandon James		954 991-2837	
Name	of Person	at ()	ne 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)
<u>Mailing Addro</u> Registration		Street Address: Registration So	ection
	Corporations	Division of Co	
P.O. Box 63		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guarantee Expo 1.1.C			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on 11/29/20	and assigned	
Florida document number W22000144595			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		-	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registered office a	ddress on our record	ls, enter the name of the new regis	
gent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	· .		
New Registered Office Address:			
	Enter Florida street address		
		Florida Zip Code	
	City	Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:			

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>	<u>Name</u>	Address	Type of Action
MGR	Brandon James	980 n. federal hwy suite 110 Boca Raton, Fl 33432	≣ Add
			□Remove
			□Change
		DRemove	
			□Change
		□Àdd	
		□Remove	
			🗆 Change
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be prock does not meet the app	nor to date of filing or r plicable statutory filir	nore than 90 days after litt	ng.) Pursuant to 605.0207
e record specifies a delayed effective rd is filed.	date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated January 12	. 2023	·		
	Signature of a member or a	utharized representativ	e af a member	
	argramme or a member of a	and the contract of the contract of		

Filing Fee: \$25.00