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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	TSC Trues Name of Limited	time 15 LL Liability Company	<u>C</u>
The enclosed Articles of Am	endment and fee(s) are submi	ited for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Tyre	Name of Person	
	TSL	Toustwenter Firm/Company	s uc
	1070 Ma	Address	d Unit #211
	Altamonte	Springs, FU 3: City/State and Zip Code	2714
	SHOUS C	oc used for future annual repor	t notification)
For further information conc	cerning this matter, please call		
Tyree. S Name of Pe	tilais	at (<u>\$13_</u>) 65 Area Code D	aytime Telephone Number
Enclosed is a check for the f	following amount:	/	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy tadditional 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**

(Name of the Limited Liability Comp (A Florida Limited	treets CC 26237 = 4 11:07 Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number (2200535366).	were filed on Docember 23, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1070 Montgomeny Rd Unit #211
(Principal office address MUST BE A STREET ADDRESS)	Altomorte Springs, FL 32714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1070 Montgomery Rd Unit #211 Altamonte Springs, FL 32714
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1000	Mortgoney Rd Unit # ZII Enter Florida street address
AHamo	Montgomery Rd Unit # ZII Enter Florida street address nte Springs Florida 32714 City Zap 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>	<u>Name</u>	Address	Type of Action
MGB.	Raphaelle St.Louis	2070 Montgomeny Pol Uni	+ ZIIXAdd
		2070 Montgomery Pol Uni Altomorte Springs, FL	□ Remove
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Effec	tive date, if other than the date of filing: (optional)
lfan el Noto	Tective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	and analising a delayed effective date, but not an effective time at 13:01 a.m. on the earlier of
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 27th . 2023
	J. St. Janus
	- Stants
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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