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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	Section orporations		
	TNERSHIP		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondences	pondence concerning this matter	to the following:	
	Address BRANDON, FLORIDA 33510 City/State and Zip Code ivanajaime I @ gmail.com E-mail address: (to be used for future annual report notification) of concerning this matter, please call: at (
	IOC PARTNERSHIP		
		Address I. FLORIDA 33510 City/State and Zip Code	
	733 BERRY BRAMBLE	DR	
		Address	<u> </u>
	BRANDON, FLORIDA 3	3510	
	-	City/State and Zip Code	
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		•	ification)
For further information	concerning this matter, please c	all:	
Ivana Jaime		_	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			
-			
P.O. Box 63			•

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOC PARTNERSHIP (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 18, 2023 and assigned Florida document number L23000032230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If 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: New Registered Office Address: Enter Florida street address

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
AR	Christian Jaime	733 berry bramble dr	□Add
			≅Remove
			□Change
MGR	Christian Jaime	733 berry bramble dr	□Add
			Remove
			□Change
			□Add
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