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13/16/2023

COVER LETTER

TO: • Registration Se Division of Cor			
	ERPRISES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Tonya Powery		
		Name of Person	
		Firm/Company	
	4214 Caplock Street		
	Clermont, FL 34711	Address	
		City/State and Zip Code	
	tonya.powery@gmail.con	n	
	E-mail address: (to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please c	all:	
Tonya Powery		321 297-1 at ()	. <u></u>
Name 0	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Division of The Centre	on Section of Corporations re of Tallahassee
Tallahassee,	FL 32314	2415 N. N	Aonroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAR 16 PM 2: 19

TEZE Enterprises LLC					
(Name of the Limited Li (A F)	iability Company Iorida Limited Lia	as it now appea bility Company)	rs on our records	题 : [] []	77
The Articles of Organization for this Limited Liabili Florida document number L23000043968		ere filed on <u>J</u>	inuary 24, 2023	3	_ and assigned
This amendment is submitted to amend the followin	ng:				
A. If amending name, enter the new name of the	limited <u>li</u> abili	ty company h	<u>ere</u> :		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the	designation "LLC"	or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable	::				
(Principal office address MUST BE A STREET AL	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office ad	dress on our	records, <u>enter</u>	the name o	of the new registe
Name of New Registered Agent:					
New Registered Office Address:					
			orida street address		
			, Flo	orida	Zip Code
		City			Zip Coae
New Registered Agent's Signature, if changing Regis					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete p ed agent as pr	erformance o ovided for in	j my auties, an Chapter 605, i	ia i am jan F.S. Or, if	nuiar wiin and this document is

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
MGR	Tonya Powery	4214 Caplock StreetClermont, FL 34711	
			□Remove
			Change
MGR	Donnie Malone	4214 Caplock StreetClermont, FL 34711	□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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vote: If the da	e, if other than the e is listed, the date mu tte inserted in this b fective date on the I	olock does not m	neet the applicabl	late of filing or more e statutory filing r	than 90 days after fil equirements, this d	al) ling.) Pursuant to 605.02 late will not be listed :
record specif d is filed.	es a delayed effecti	ve date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
March	30	1 -	2023	_		
		16/1				
		1/000	<i>y</i> ()	ed representative of	a member	

. . .

Filing Fee: \$25.00