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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
SUBJECT: Tuathal G	roup LLC	•	
	Name of Li	mited Liability Company	
red	_		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Jason Tooley		
		Name of Person	<del></del>
	Tuathal Group LLC		
		Firm/Company	
	209 Downing St.		
		Address	
	New Smyrna Beach, FL 3	2168	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
Jason Tooley		331 551-1010 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Address	_	Street Address:	
Registration Section Division of Corporations		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	porations allabaccae
Tallahassee, F	FL 32314		Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tuathal Group LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited L	iability Company	were filed on 02/09/2023	and assigned
Florida document number L23000073540			and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the w			
The new hante must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NA	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREE	T ADDRESS)		
		<del> </del>	
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
			'. ر.
3. If amending the registered agent and/or registered office address	gistered office a	address on our records, ent	er the name of the new registers
gent and/or the new registered office address	<u>s here</u> :	· <del>-</del>	new registere
Name of New Registered Agent:	NA		
New Registered Office Address:			
_ <del>_</del>		Enter Florida street add	ress
		,]	Florida
law Dogistored A		City	Zip 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
MGR	JASON M TOOLEY	4N385 PINE GROVE AVE	□Add
		BENSENVILLE, IL 60106	Remove
MGR	DEGVEN I MO OL TO		□Change
	BECKY L TOOLEY	4N385 PINE GROVE AVE	□ Add
		BENSENVILLE, IL 60106	<b>≡</b> Remove
MGR	TUATHAL ENTERPRISES INC	209 DOWNING ST	<b>=</b> Add
		NEW SMYRNA BEACH, FL 32168	
			□Change
			□ Add
			□Remove
			□ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

TUATHAL	GNYERPRISES INC	2 /5	A	FL	( <del>Samuel</del>	λ/	
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s filed.	d effective date, but not an effec	tive time, a	at 12:0	ł a.m. o	n the earlier of:	(b) The	90th day after t
ed	2023						
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Typed or printed name of signee