# 623000105575

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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Office Use Only

# **COVER LETTER**

#### TO: Registration Section Division of Corporations

T2 Solutions Realty, LLC

.

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rahaf Taubeh

Name of Person

Firm/Company

1714 Us Hwy 27, Ste 23

Address

Clermont, FL 34714

City/State and Zip Code

rita@nhsolutionsrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Rahat' Taubeh
 at (\_\_\_\_\_)
 383-2767

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

**S**25.00 Filing Fee

S30.00 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 Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	AMENDMENT			
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ARTICLES OF O	· .			
0	FILED			
T2 Solutions Realty, LLC				
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears bit on records) AM 10: 39			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000105575</u>				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u> The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	Suite 23			
(Thirdpar office anaress story DE TOTREET TODROLL)	Clermont, FL 34714			
Enter new mailing address, if applicable:	1714 Us Hwy 27 Suite 23			
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, FL 34714			
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registered</u>			
agent and/or the new registered office address here:				

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	Сцу	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 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

Title	Name	Address	Type of Action
MGR	Rahaf Taubeh	-4419 Saddleworth Cir.	<b>=</b> Add
		Orlando, F1. 32826	
			□Change
		- <u></u>	🖸 Add
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 17 Dated	202.3
	V. T.
	Signature of a member or authorized representative of a member
D. 4. 6 T	
Rahaf Taubeh	Typed or printed name of signee