L23000/8/350

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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THE REPORT OF STREET

SECRETARY OF STATE

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COVER LETTER

TO:

| TO: | Registration Sec Division of Cor | | | |
|----------|---|--|--|--|
| cun ic | Tsaico LLC | | | |
| SUBJE | C1: <u>P</u> | Name of Lim | ited Liability Company | |
| The enc | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| | | ndence concerning this matter | - | |
| | | Joshua Conklin | | |
| | | | Name of Person | |
| | | New Business Filing | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 8170 Washington Village | Dr | |
| | | | Address | |
| | | Dayton, Ohio 45458 | | |
| | | | City/State and Zip Code | |
| | | orders@newbusinessfiling.e | org to be used for future annual report notif | ication |
| For furt | her information co | oncerning this matter, please co | · | (Carlotty |
| Joshua | Conklin | | 888 701-6450 | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | e following amount: | | |
| • \$25 | i.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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Tsaico LLC | | |
|---|---|--|
| (Name of the Limi | ted Liability Company as it now ap (A Florida Limited Liability Company) | pears on our records.) ny) |
| The Articles of Organization for this Limited I. | iability Company were filed on | 04/12/2023 and assigned |
| Florida document number 1.23000181350 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, <u>enter the new name c</u> | of the limited liability company | y here: |
| The new name must be distinguishable and contain the | words "Limited Liability Company," t | he designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | |
| | | SECRE NA |
| Enter new mailing address, if applicable: | <u></u> | AAA Y |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | Min S |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on ou ss here: | ir records, enter the name of the new registere |
| Name of New Registered Agent: | Margaret Tsai | |
| New Registered Office Address: | 12111 Blue Hill Trail | |
| them the distorted Office Address. | Enter | Florida street address |
| | Bradenton | , Florida ³⁴²¹¹ |
| | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|-----------------------|----------------|
| AMBR | David Tsai | 12111 Blue Hill Trail | ■Add |
| | | Bradenton, FL 34211 | □Remove |
| | | | ☐ Change |
| MGR | Margaret Tsai | 12111 Blue Hill Trail | □Add |
| | | Bradenton, FL 34211 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| factive dute if other than the dat | e of filing: | | | (optional) | |
| Tective date, if other than the date on effective date is listed, the date must be | specific and cannot be p | ior to date of filing | or more than 90 da | ys after filing.) Purs | uant to 605. |
| ote: If the date inserted in this block ocument's effective date on the Depar | does not meet the app tment of State's reco | rds. | ming requiremen | ins, this date will i | iot oc liste |
| | | | | | |
| record specifies a delayed effective da | te, but not an effectiv | e time, at 12:01 : | a.m. on the earlie | r of: (b) The 90th | h day after |
| is filed. | | | | | |
| May 5th | 2023 | | | | |
| ated May 3th | , | * | tative of a member | | |
| 71 // | | | | | |