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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		2 11 4 Service Liability Company	ESLLC
	, was or sum		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Tanism	TVQZCV Name of Person	
		Firm/Company	
	921 De	HCM BlVd Address	NW 203
	Fort Walte	City/State and Zip Code	32547
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	d Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	
Division of C		Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCO hos pitality Services L. (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 Liabil	lity Company w	ere filed on 0141	12/23	and assigned	
Florida document number $\angle 230018$	1/1/2	ere med on <u>- , , , , , , , , , , , , , , , , , , </u>			
Florida document number L x 500010	144,70				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here:			
The new name must be distinguishable and contain the words	s "Limited Liability	y Company," the designa	ation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable	le:		.=.,		
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address h	istered office ac	idress on our recor	ds, <u>enter the name</u>	SECINE ARY OF STREET OF ST	アニアン
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida s	reet address		
			. Florida		
•		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Tanisha Frazer	921 Denton HUDNW FORT WATTON BEAR	—□Add
	Frazer	FORT Walton Bear	Remove
		32547	Change
			_ tbAdd
			Remove
			□ Change
	-		🗆 Add
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			□Change

		
		
(If an effective Note: If the	date, if other than the date of filing:	207 (3 as th
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated 31	128123	
-	Signature of a member or authorized representative of a member TANISHA FRAZER Typed or printed name of signee	
	September 27 to the second sec	

Filing Fee: \$25.00