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TO:

Registration Section

Division of Corp	porations	ν.	•
SUBJECT: TVL	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	ted Liability Company	
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Various Zagavi Name of Person Firm/Company 4207 Story Hall DR Apt T Address Might Hill NC, 28227 City/State and Zip Code Various Zagavi i 0200 gmail. Com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	<u>Vanessa Z</u>	Lagacki	
		Name of Person	
		Firm/Company	
	4807 Stoney	HYCLP, DV ADY T	-
	<u> </u>	Address	
	mint Hill J	NC, 28227	
			_
	Lemail address; (1	-1 10 20 @ 9 mail CO	ication)
For further information co	·	•	
<u>Vanessa Zac</u>	jacki	at (764) 281 - 9	401
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
♥ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60.00 Filing Fee,
,	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	
Tallahassee, l		2415 N. Monroe	Street, Suite 810
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.)	
bility Company)	
cre filed on <u>(014/23</u>	and assigned
ty company here:	
Company," the designation "LLC" or the abb	reviation "L.L.C."
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dress on our records, enter the name	
Enter Florida street address	
	ere filed on <u>(o14/23</u>

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>	Name	Address	Type of Action
			DAdd
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Filing Fee: \$25.00