## L23000 372 S24

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
SUBJECT:	TUITZ L	LC nited Liability Company		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CNO	VILES TUYTZ  Name of Person		
		Name of Person		
		Firm/Company		
	2150 N Bac	Address Apt 4	2024 FEB -9	<b>.</b>
	Miami CL	33137	B - 9	
	Cherles C E-mail address:	City/State and Zip Code  Toy tzad . Com  (to be used for future annual report noti	fication)	: ?
For further information c	oncerning this matter, please c			<u>-</u>
Charles.	turz	at ( 305) 504 - Area Code Daytim	2200	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tuvtz L	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2350t372524</u>	were filed on 8   8   2   3 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2150 N Baychar Dr. AP+403
(Principal office address MUST BE A STREET ADDRESS)	Miam. FL 33137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2150 N Bay Chie Dr. Ap+ 403 MIGINI FL 33137
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered white address here.	
Name of New Registered Agent:	
New Registered Office Address:	· iii —
	Enter Florida street address
	, Florida
	Cuy 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Turtz	2150 N Bay Shore Dr. APT4	103 □Add
		Mami PL 33137	□Remove
		· <del>=·=·</del> ······	DChange
			□ Add
		<del></del>	□Remove
			□Change
		TAL CRET	2 ☐ Add Remove
			□ □ Change □ □ Change □ □ Add
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