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DEPARTMENT OF STATE STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TAF FAMILIA WORKS LLC 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:	2023 OCT 30 AM DEPARTMENT OF TALLAHASSEE.F
Franklin J. Monte'o Name of Person	AM 9: 32 T OF STATE ORPORATION FEE. FLOSID;
The Familia Works ILC Firm/Company	
9380 103rd street lot 68 Jacksonville, FL	32210
Franklingste' of Familiauxsks in E-mail address: (to be used/for future annual report notification)	<u></u>
For further information concerning this matter, please call:	
Tranklin Monte of Person 2 at (904) Step - 074 Area Code Daytime Telephone	e Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300394132 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab Tamilia Works LLC The new name must be distinguishable and contain the words "Limited Liabileted Liabil	30CT 30 A 9: 3 EPARTMENT OF STATICISION OF CORPORATION OF CORPORA
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9380 103rd street lot 68 Jacksonville, FL 32710
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9380 103rd street lof 68 Vackschulle, FL 32210.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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(2) 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
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record specifies a delayed ef is filed.	fective date, but no	ot an effective tin	ne, at 12:01 a.m. o	on the earlier of:	(b) The 90th	n day aff	ter the
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