L23000 406229

(Req	uestor's Name)				
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor Tawanda, L				
SUBJECT:			<u> </u>	
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	•		
rease return an correspe	indence concerning this matter	to the following.		
	Edward W. Wood			
		Name of Person		
	King & Wood, P.A.			
		Firm/Company		
	1701 Hermitage Blvd., Sui	ite 203		
	4-1-1-1	Address		
	Tallahassee, FL 32308			
		City/State and Zip Code		
	edwood@kingandwoodlaw			
	E-mail address: (to be used for future annual	report notification	n)
For further information c	oncerning this matter, please c	all:		
Edward W. Wood		850 580 at ())-7711	
Name o	f Person	Area Code	Daytime Telep	phone Number
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	FI \$55.00 Eiling Food	٥.	□ \$40.00 Eiling Egg
= 525.00 Timg (cc	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Ac		
Registration S		Registration Section		
Division of C P.O. Box 632			n of Corporat	
r.O. box 032	. 1	i ne Cei	itre of Tallah	iassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TAWANDA, LLC

2023 SEP -5 AM 11:52

(<u>Name of the Limited Liabi</u> (A Floric	ity Company as it now appears on o la Limited Liability Company)	ur records.)	HASSEE ETABLE
The Articles of Organization for this Limited Liability (
Florida document number L23000406229			und assigned
i forda document namoci	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
TOWANDA, LLC			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designal	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our record	s, <u>enter the nan</u>	ne of the new register
New Registered Office Address:			
	Enter Florida str	Enter Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my d gent as provided for in Chapt ed office address, I hereby cor	uties, and I am er 605, F.S. Or	familiar with and , if this document is
	If Changing Registered Agent, Si	gnature of New Re	gistered 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>	Address	Type of Action
			□Adđ
			Remove
			□Change
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an effective date is ote: If the date	f other than the da listed, the date must be inserted in this block ive date on the Depa	specific and of does not me	cannot be prior cet the applica	able statutory	or more than 90 filing requires	(option) days after fil nents, this d	ling.) Pursi	uant to 60: not be list	5.0201 ted as
ocument 8 effect		ate, but not a	an effective ti	me, at 12:01 a	.m. on the ear	lier of: (b)	The 90th	ı day afte	er the
record specifies a	a delayed effective d								
record specifies and is filed.		,	2023						
record specifies and is filed.	5			orized represent	oliva afa				

Filing Fee: \$25.00