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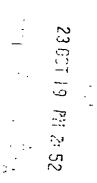
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## **COVER LETTER**

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TO: Registration Section

porations				
deling LLC				
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ondence concerning this matter	to the following:			
Tomer Amar				
	Name of Person			
·	Firm/Company			
6455 Annapolis Loop #31	0			
	Address			
Palmetto, FL 34221				
	City/State and Zip Code			
		ification)		
954 7065036				
f Person	Area Code Daytin	ne Telephone Number		
ne following amount:				
■ \$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 enclosed)		
	Street Address: Registration Sc	ection		
orporations	Division of Co	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Tomer Amar  Name of Person  Firm/Company  6455 Annapolis Loop #310  Address  Palmetto, FL 34221  City/State and Zip Code tgaremodeling@gmail.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  ### 17065036		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGA Remodeling LLC

company has been notified in writing of this change.

23 007 19 PH 2: 56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned		
.C" or the abbreviation "L.L.C."		
-		
er the name of the new register		
r the name of the new register		
Enter Florida street address  Florida  City  Zip Code		
further agree to comply with th		
and I am familiar with and 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

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>	<u>Name</u>	Address	Type of Action
VP	Leon Maxwell Morgan, III	5613 Factory Shops Blvd. Ellenton, FL 34222	
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			□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the	date of filing:		(optio	nal)
f an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo	be specific and cannot be	prior to date of filing or	more than 90 days after	filing.) Pursuant to 605,0207 (
document's effective date on the De			mg requirements, mis	date will not be listed as t
record specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
rd is tiled.				
	2023			
Oct. 16	2023			
Dated Oct. 16	<del></del>	·		
Dated Oct. 16	MILES	·		
Jated	Signature of a member or	authorized representati	ve of a member	

Filing Fee: \$25.00