## L23000437159

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Con |   |  |   |
|--|---|--|---|
| SUBJECT: INTR                          | Name of Lim                                     | INTERNATIONA ited Liability Company  | c the   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter                  | to the following:  |   |
|  |   | Name of Person  Ading Internation  |   |
|  |   | + Circle Ocale   |   |
|  | OCACA  Info ednost  E-mail address:             | FC 34476 City/State and Zip Code So Cutions. net to be used for future annual report not | ification)  |
| For further information of             | concerning this matter, please ca               |  |   |
| Day of Da                              | S./bec of Person                                | at (32/) 50/ 4<br>Area Code Daytin   | 1803<br>ne Telephone Number   |
| Enclosed is a check for t              | he following amount:                            |  |   |
| ☑ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                      | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |   |  |   |

Mailing Address:

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

Street Address: 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

| TUTRICATE TRADIA   | JE INTERNATIONAL CC   |
|--|---|
| (Name of the Limited L.  | iability Company as it now appears on our records.) lorida Limited Liability Company) |
|  | ity Company were filed on $9/20/2023$ and assigned $159$ .                            |
| This amendment is submitted to amend the following   | ık:   |
| A. If amending name, enter the new name of the   | limited liability company here:   |
| The new name must be distinguishable and contain the words   | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."       |
| Enter new principal offices address, if applicable   |   |
| Florida document number 123000 437 159.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: |   |
|  | <del></del>   |
| Enter new mailing address, if applicable:  |   |
| •  | <u> </u>  |
|  | <del></del>   |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |
| <del>-</del>   | City Zin 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 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            | <u>Address</u>                            | Type of Action |
|--------------|-----------------|---|----------------|
| MGR          | ZACHARY DASILVA | 11083 SW 54th 3.<br>CIRCLE OCALA, FLORIDA | 496<br>Dadd    |
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| Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Molte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rol is filed.  Dated  November 277, 2023.  Fair C. W. L.  | • —      |   |
|--|----------|---|
| Effective date, if other than the date of filing:  [Optional]  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed.   |          |   |
| Effective date, if other than the date of filing:  [(optional)]  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date of the filing requirements of the filing requirements. The filing requirements of the filing requirements. The filing requirements of the filing requirements. The filing requirements of the filing r |          |   |
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| rd is filed.   | Note: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| Dated November 27th, 2023.  Pari C D CS Under Signature of a member or authorized representative of a member   |          |   |
| Pari ( Dasilvo Signature of a member or authorized representative of a member  |          |   |
| Signature of a member or authorized representative of a member   | Dated    | November 27th, 2023.  |
| • • • • • • • • • • • • • • • • • • •  | Dated    | November 27th, 2023.  |

Filing Fee: \$25.00