L23000486631

| (Rec | questor's Name) | |
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| (Add | fress) | |
| (Add | lress) | |
| | | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (2 | A Nicola A | <u>-</u> |
| (000) | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| Division of Co | | | |
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| SUBJECT: TG LEO | PARD ILC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Corpor | ate Maintenance Le | ad |
| | _ | Name of Person | |
| | Proc | essing Department | |
| | | Firm/Company | |
| | | 1450 Vassar St | 2023 NOV 20 |
| | | Address | 2 A8 |
| | | Reno, NV 89502 | ~ |
| | | City/State and Zip Code | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notif | |
| | sing Department | at (800 , 638-2320 | |
| | of Person | | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ☑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist Divisio P.O. B | ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314 | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | on rations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TG LEOP | | |
|---|---|---------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | • |
| The Articles of Organization for this Limited Liability Company | were filed on 10/24/23 | and assigned |
| Florida document number L23000486631 | | |
| 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 Liabi | lity Company," the designation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | - G |
| | - <u></u> | |
| | : | 20 |
| Enter new mailing address, if applicable: | 1836 E Hallandale Beach Blvd | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 303 | |
| | Hallandale Beach, FL 33009: | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | |
| | City | 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 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|--|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
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| Effect | ive date, if other than the date of filing: N/A (optional) |
| Note: | fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. |
| Dated | November 10 |
| | 244 |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00