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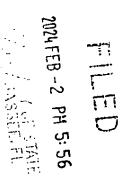
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	ction perations			
	Name of Lim	ited Liability Company		
Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	PETER STACH			
		Name of Person		
	TIVOLI COURT ENTER	PRISES LLC		
		Firm/Company		
	934 TIVOLI CT			
		Address		
	NAPLES, FL 34101			
		City/State and Zip Code		
	-			
			neation)	
formation co	oncerning this matter, please c	311;		
CH		312 622-0461		
Name of	Person	Area Code Daytime	e Telephone Number	
check for th	e following amount:			
iling Fee	□ \$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 Sec	ction	
Division of Corporations		Division of Cor	Division of Corporations	
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Articles of all corresponding Addressistration Sistemation of Co. Box 632	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter PETER STACH TIVOLI COURT ENTERS 934 TIVOLI CT NAPLES, FL 34101 PPJSTACH@GMAIL.COM E-mail address: (formation concerning this matter, please councerning this matter, please councerning this matter) CH Name of Person check for the following amount: filing Fee S 30.00 Filing Fee & Certificate of Status	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: PETER STACH Name of Person TIVOLI COURT ENTERPRISES LLC Firm/Company 934 TIVOLI CT Address NAPLES, FL 34101 City/State and Zip Code PPJSTACH@GMAIL.COM E-mail address: (to be used for future annual report note formation concerning this matter, please call: CH Name of Person TOURT ENTERPRISES LLC Firm/Company 934 TIVOLI CT Address NAPLES, FL 34101 City/State and Zip Code PDJSTACH@GMAIL.COM E-mail address: (to be used for future annual report note formation concerning this matter, please call: CH Area Code Daytim Check for the following amount: Iting Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: instration Section Registration Section ision of Corporations Division of Cor The Centre of T	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPS ENTERPRISES LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000493178}{L}$.	were filed on OCTOBER 30, 202	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TIVOLI COURT ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	934 TIVOIL CT	207
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34101	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	932 BURNHAM CT GLENVIEW, IL 60025	B-2 PH 5: 50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Flor	rida
	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 =	Manager	
AMBR =	Authorized	Member

A second second

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	
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Page 2 of 3

. 11 41110	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	Signature of a member or authorized representative of a member
	PETER STACH Typed or printed name of signee

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