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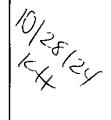
(Re	equestor's Name)	
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(Do	ocument Number)	
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TOZH DOT 10 PH 4: 32 SECRETARY SEE. FLE

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

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

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

Tight S	eal E	nterp	Rise	UC
(Number of the Limited (A	Liability Company Florida Limited Lia		on our records.)	
ticles of Organization for this Limited Liah	nility Company w	ere filed on	1/9/20	73 and

The Articles of Organization for this Limited Liability Company	were filed on 11/9	and assigned	
Florida document number <u>La30005</u> 08	141		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Florida	
	Ciŋ·	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie. rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

2024 OCT 10 PH 4: 32

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
MgR	William Amcco	RTNEYIII	C-da
			□Remove
^ ^			Change
AP_	William A Mcc	CARTNEYIIL	□Add
			Premove
^ ^	2 . 22 2		□Change
AP_	William AMCC	ARTNEYIL	□Add
			tKemove
			□Change
			🗆 Add
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ffective date	, if other than the o	late of filing:			(option	al)	
an effective da	e is listed, the date must ate inserted in this blo	be specific and can	not be prior to dat	e of filing or more the	ian 90 days after fi	ling.) Pursuant to 605	0207 ed as
ocument's ef	ective date on the Dep	partment of State	's records.	, g	,		
record specif I is filed.	es a delayed effective	date, but not an	effective time, a	t 12:01 a.m. on th	ne earlier of: (b)	The 90th day after	r the
ated O	tober	4 6	4505				
aica L./I							
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Filing Fee: \$25.00