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COVER LETTER

TO:	Registration Se Division of Cor			
CUD ICA		Group I, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Todd Utter		
			Name of Person	
		TLF Holdings, LLC		
			Firm/Company	
		5411 Beaumont Center Bl	vd, Ste 785	
			Address	
		Tampa, FL 33634		
			City/State and Zip Code	
		todd@momentuminjury.com	m to be used for future annual report notification	<u>n)</u>
For furth	ner information e	oncerning this matter, please c	·	·/
Todd U	tter, MGR		407 509-3333	
	Name o	f Person		phone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration 5 Division of C		Registration Section Division of Corporate	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE UTTER LF, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/14/2023 and assigned Florida document number _____L23000516250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TLF Holdings, LLC 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) ī 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
			□Add
			□Remove
			🗖 Add
			□Remove
			
	 		□Add
			□Remove
			□Change
			□Add
		·····	□Remove
		 	
			□Add
			□Remove
			□Change
			□Remove
			∏Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. 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 d is filed.		
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Filing Fee: \$25.00