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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

1 Division of Cor	porations		
SUBJECT: 130	OWN TASHO	EAA LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	TASHLEN	A Scow Name of Person	
	<u></u>	Name of Person	
	Brown	TASH COWA LC Firm/Company	
	_		_
	2300 8	5 NE NO	Beach
		Address	-
	Vero P	PACH F/ 39 City/State and Zip Code	2966
		City/State and Zip Code	
	TBrown-S	o be used for future annual report notif	COM
	E-mail address; (to	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ll:	
TASHLENA	R	at (772) 713-	24.3(1
	f Person		Telephone Number
		·	·
Enclosed is a check for the	ne following amount:		
S S25.00 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)
Mailing Addres	is:	Street Address:	
Registration S		Registration Sec	ction
Division of C	-	Division of Cor	·
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L240000 1377 A 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: New Registered Office Address: Enter Florida street address City

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 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
			Псточе
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□ Change
<u>.</u>			□Add
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an effec Vote: If	tive date is listed, the dat the date inserted in th	the date of filing: e must be specific and cannot his block does not meet the he Department of State's r	applicable statutory fil	(optional) more than 90 days after filing.) ing requirements, this date v	Pursuant to 605.0207 (will not be listed as t
record:		ective date, but not an effe	ective time, at 12:01 a.n	n. on the earlier of: (b) The	90th day after the
Pated	Feb 29	2024	·		
~	100				
	<u></u>	Signature of a member	or authorized representati	ve of a member	

Typed or printed name of signee