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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	J.	HORNE
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Talamh Lle SUBJECT:	c		
<u></u>	Name of Lin	nited Liability Company	*
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Audrey Norton		
		Name of Person	
	Talamh Lic		
		Firm/Company	
	5801 CR 78		
		Address	
	Fort Denaud, Fl 33935		
		City/State and Zip Code	<u></u>
	anortonqgr@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Audrey Norton		239 825 5186	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	
rallahassee, l	rt. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Talamh Lle

The Marie State of the State of (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 Compan	y were filed on	and assigned
Florida document number L24000018306		I
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	'
Talamh Grading Company Llc aka TGC Llc		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "1.	LC" 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 agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
agent unaror the new registered office unareas neve.		
Name of New Registered Agent:		
	- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street add	
	traer i ar wa sareei araa	ens
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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

<u>Title</u>	Name	Address	Type of Action
			□Add
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document's effective date on the Department of t	2024		on the earlier of: (b)	

Filing Fee: \$25.00