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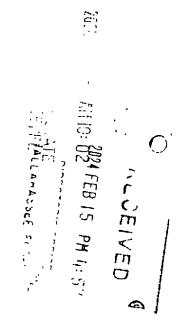
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:

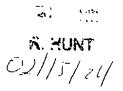
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations JPEN	15 an LLC		
•		~ (	-	
SUBJECT:	Name of Lim	ited Liability Company	<del> ,</del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jesse ore	Sti's Paga SCO  Name of Person		
	Real estate	E Whole Sale Firm/Company		19:
				'
	515 buen	a Vista DR a		
	Tallahasie	FL 3230	<u> </u>	= : = :
	Parasa Drss.	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)	n 2
For further information of	concerning this matter, please co			
Name c	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
CD \$25.00 Filing 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 of Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Sec	tion	

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

TPE/YS, an LC	ity Company as it now appears on of Limited Liability Company)	our records.)	
	Company were filed on 62/6	69/2024	and assigned
This amendment is submitted to amend the following:	amending name, enter the new name of the limited liability company here:  we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent:  Name of New Registered Agent:		
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	nited Liability Company," the designa	ation "LLC" or the abbrev	iation "L.L.C."
(Principal office address MUST BE A STREET ADDI	RESS)		P1.7
			<u> </u>
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BOX)		•	· · · · · · · · · · · · · · · · · · ·
			000
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			4-1-
New Registered Office Address:	Enter Florida st	reet address	
		Florida	-
	City	7.	lip 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 **Title** Name Address Type of Action MGR Jesse overtis Parasco 8/5 buena Vista DR Exado
Tallahassee FC 32304 \_\_\_\_ □Remove AMBIR DimitiOS Goodgouis 8/5 Buena Vista DR. BAND Tallahasice FL 323c./ Remove AMBR Sason Stophers 1429 deerhaven in produ Tablahassee FC 32305

(Remove \_\_\_ □Change

\_\_\_\_\_\_ □Change

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	ted, the date must erted in this blo	be specific as ck does not	nd cannot be pri- meet the appl	icable statutory	g or more than 90 day filing requirement		g.) Pursua	
arrient 3 errective	date on the De	parument or	State 3 record	ιο,				

Filing Fee: \$25.00

Signature of a member or authorized representative of a member