

## 24 0000 90673

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## **COVER LETTER**

TO:	Registration Se Division of Cor		<u> </u>	
			Name of Limited Liability Company  and fee(s) are submitted for filing.  Tring this matter to the following:  DE AMORIM  Name of Person  OND CONSULTING LLC  Firm/Company  EKELL KEY DRIVE, STE 901  Address  LORIDA.33131  City/State and Zip Code  Code codedrummondadvisors.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (781 ) 770 0005  Area Code Daytime Telephone Number	
SUBJEC	UI:	Name of Lim	ited Liability Company	<del></del>
The encl	Division of Corporations  TLH ATLATING SEA LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  Re return all correspondence concerning this matter to the following:  MICHEL DE AMORIM  Name of Person  DRUMMOND CONSULTING LLC  Firm/Company  601 BRICKELL KEY DRIVE, STE 901  Address  MIAMLFLORIDA.33131  City/State and Zip Code  compliance@drummondadvisors.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  THEL DE AMORIM  Name of Person  Area Code  Daytime Telephone Number  Dosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy			
Please re	eturn all correspo	ondence concerning this matter	NC SEA LLC  Name of Limited Liability Company  MICHEL DE AMORIM  Name of Person  DRUMMOND CONSULTING LLC  Firm/Company  601 BRICKELL KEY DRIVE, STE 901  Address  MIAMI.FLORIDA.33131  City/State and Zip Code compliance@drummondadvisors.com  E-mail address: (to be used for future annual report notification)  reming this matter, please call:  1 781  Area Code  Typ To 0005  Area Code  Certificate of Status  Certificate of Status  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
		MICHEL DE AMORIM		
		Name of Person		
DRUMMOND CONSULTING LLC				
Firm/Company				
		601 BRICKELL KEY DR	IVE, STE 901	
			Address	
		MIAMI,FLORIDA,33131		
For furth	ner information c			
		-	781 770 0005	
	Name o	FLATING SEA LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  MICHEL DE AMORIM  Name of Person  DRUMMOND CONSULTING LLC  Firm/Company  601 BRICKELL KEY DRIVE, STE 901  Address  MIAMLFLORIDA.33131  City/State and Zip Code  compliance@drummondadvisors.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  IM  at 781  Area Code  Daytime Telephone Number  or the following amount:  Street Address:  Certificate of Status  Certified Copy (additional copy is enclosed)  In Section  Registration Section  Corporations  The Centre of Tallahassee		
Enclosed	l is a check for th	ne following amount:		
<b>□ \$2</b> 5.	00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			
	Division of C	orporations	Division of Corporation	
	P.O. Box 632 Tallahassee H			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLH ATLATING SEA LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	ıur records.)
The Articles of Organization for this Limited Liab Florida document number L24000090673	oility Company were filed on 02/21/2	024 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
TLH ATLANTIC SEA LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
-		
	<u></u>	
Enter new mailing address, if applicable:		· =
•••		- 7
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our record here:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Nations.	Enter Florida st	reet address
		, Florida
	City	, Florida Zıp Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my overed agent as provided for in Chap gistered office address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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
<del></del>			□Add
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Effective date, if other than the date of filing:	.0207 ed as
e 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 d is filed.	the
Dated 10th of June 2024	
Tomas Magalhaes	
Signature of a member or authorized representative of a member	
TOMAS MAGALHAES  Typed or printed name of signee	

Filing Fee: \$25.00