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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078 Phone : (561)515-4722 Fax Number : (561)515-3904

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TG TEQUILLA VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TO:

Registration Section

# H240001850793

### **COVER LETTER**

D11	131011 02 001	poracions			
SUBJECT:		ILLA VENTURES, LI.C			
0000000		Name of Lin	nited Liability Company		
The enclosed	I Articles of	Amendment and fcc(s) are sub	emitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		PAUL A. KRASKER, ES	Ų.		
			Name of Person		
		THE LAW OFFICE OF P	AUL A. KRASKER, P.A.		
			Firm/Company		
	•	1615 FORUM PLACE, 57	TH FLOOR	•	
		**	Address		
		WEST PALM BEACH, F	L 33401		
			City/State and Zip Code		
		AMURPHY@KRASKERI	A.W.COM to be used for future annual report no	(Francisco)	
Ene Greekar is	iformusion			meation)	
		oncerning this matter, please c			
ANDREA N		NOWDEN	561 515-4722 at () Area Code Daytin		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
實 \$25.00 F	iling Fee	S30.00 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)	
	ling Addres		Street Address: Registration Se	ection	
Div	ision of C	orporations	Division of Co	Division of Corporations	
	). Box 632 lahassee, I		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810	

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Tallahassee, FL 32303

# 424000 185 0793

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TG TEQUILLA VENTURES, LLC	
(Name of the Limited Lia (A Flo	bility Communy as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on MARCH 25, 2024 and assigned
Florida document number L24000137853	·
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here:
TG TEQUILA VENTURES, LLC	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3 0
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent:	
	E = 5
New Registered Office Address:	Enter Florida street address
	Substitution and substitutions of the substitution of the substitu
	City Florida Zip Code
	r and 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

\_\_\_\_\_ DChiinge

# 4-24000185793

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
			CRemove
			□Change
		□Remove	
			□Change
			□Add
		□Remove	
		□Change	
		Dath	
		□Remove	
			□Add
			DRemove
			©Change
			□Add

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D. 11 #1	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing:
Note	tive date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord 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 filed.
Date	MAY 20, 2024
	~D
	Signature of a member or authorized representative of a member
	PAUL A. KRASKER
	Typed or printed name of signee

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Filing Fee: \$25.00