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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
T.A.C Pro SUBJECT:	fessional Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	T.A.C Professional Services, LLC  Name of Limited Liability Company  nelosed Articles of Amendment and fee(s) are submitted for filling.  Tracy Allen Chapman  Tracy Allen Chapman  Name of Person  T.A.C Professional Services, LLC  Firm/Company  1004 NE 40th St  Address  Cape Coral , FL 33909  City/State and Zip Code  tracyannallen18@gmail.com  E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:  Allen Chapman  Name of Person  Name of Person  Name of Person  Daytime Telephone Number			
		-		
	Tracy Allen Chapman			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	T.A.C Professional Service	es, LLC		
Firm/Company				
	1004 NE 40th St			
		Address		
	Cape Coral , FL 33909			
		•	<del></del>	
			fication)	
For further information		•		
Tracy Allen Chapman				
Name				
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.A.C Professional Services, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{05}{100}$	/29/2024 and assigned
lorida document number L24000245803.	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company he	<u>are</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
	<u> </u>
	,
Enter new mailing address, if applicable:	-1
Mailing address MAY BE A POST OFFICE BOX)	
	9
3. If amending the registered agent and/or registered office address on our r gent and/or the new registered office address here:	ecords, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:  Enter Flor	rida street address
City	, Florida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hubert Brown	1004 NE 40th St, Cape Coral FL, 33909	🗆 Add
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Note:	If the date inserted in this	block does not me	eet the applica	ble statutory f	iling requirement	s, this date will no	t be listed as t
documo	ent's effective date on the	Department of Sta	ate's records.				
e record ord is file	l specifies a delayed effect	ive date, but not a	in effective tin	ne, at 12:01 a.	m, on the earlier	of: (b) The 90th	day after the
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	August 13		2024				
Dated_	August 13			_ ·			
			i famili	1 some of			
	<del></del>	Signature of a mo	ember or author	rized representa	tive of a member		
		<b>5</b>					
	Tracy Allen Chapman						