

L24000046812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

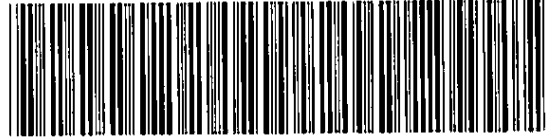
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 26 2024

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DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

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**WALK IN**

PICK UP: BROOK 7/26

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LLC AMEND

1. TUTTELMAN INVESTMENTS LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION  
OF  
TUTTELMAN INVESTMENTS  
LLC**

\_\_\_\_\_  
(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 Company were filed on May 29, 2024 \_\_\_\_\_ and assigned  
Florida document number L24000246812 \_\_\_\_\_

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**2840 TUTTELMAN INVESTMENTS LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

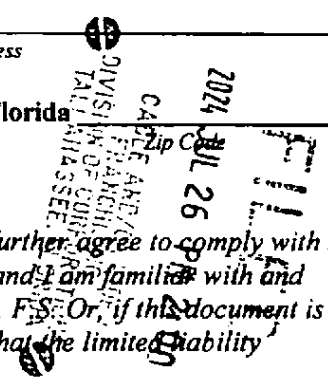
**New Registered Office Address:**

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida  
City

**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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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AD  
CABLE AND/OR VIDEO  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA  
2024 JUL 26 PM 2:00  
Change  
Remove  
Add  
Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ Date of Filing \_\_\_\_\_**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 the record is filed.

Dated

July 25, 2024

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Ross Tuttelman, Manager  
Typed or printed name of signer

Typed or printed name of signee

(optional)  
Pursuant to 605.0207,  
this will not be listed as t  
**FILED**  
JUL 26 PM 2:00  
BOTH DAYS AFTER THE  
RECORDING  
OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR VIDEO  
DADE COUNTY, FLORIDA