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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TD Repairs	S ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Tay	Name of Person
	D Repairs Firm/Company
208 Oak	Field Dr #205#1023
Branclo	
Tayari E-mail a	Appiahogmail Com  address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Tayaci Appiah Name of Person	at (BA) 263 · 0333  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of S	
Mailing Address: Registration Section	Street Address: Registration Section

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

Name of the Limited Liability (A Florida Li	Company as it now appearanced Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L2400302</u>   02			2024 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
			1
			7
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			 \>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enser Flo	orida street address	
		, Flori	da
	-		Zip Code
New Registered Office Address:    Enter Florida street address   City   Zip Code			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	olete performance of t as provided for in	f my duties, and Chapter 605, F.S	I am familiar with and 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
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			Remove
	·		□ Change
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