L24000 310058

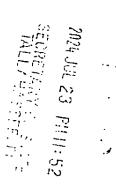
(Red	questor's Name)	-10.
(Add	dress)	
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COVER LETTER

	Registration Se Division of Cor			
SUD IEC	TIAGOTIA	AN LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	 ,
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		PATRICIA PENA		
			Name of Person	
		TIME BUSINESS SERVI	CES LLC	
			Firm/Company	
		1721 BEAR BAY CV		TATOM J.
			Address	- <u> </u>
		ORLANDO, FL 32824		3 P
			City/State and Zip Code	JUL 23 PH II: 52
		patricia.timebusiness@gma	il.com to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	•	(Catton)
PATRIC	IA PENA		407 346-8016	
	Name o	f Person	at () Area Code Daytink	Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fec & 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)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAGOTIAL DEC	22.6	-1.)
(Name of the Limited Liat (A Flor	pility Company as it now appears on our reco rida Limited Liability Company)	<u>ras.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L24000310058</u>	Company were filed on 07/11/2024	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TOTAL TELES
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11:52
B. If amending the registered agent and/or registe agent and/or the new registered office address here		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	'E53
	; ~	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TIACOTIALILO

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>	Name	Address	Type of Action
AMBR	DULCE M RODRIGUEZ ORTEG	1721 BEAR BAY CV	
		ORLANDO, FL 32824	
			iChange
AMBR	LUIS ANTONIO POPOCA CHAV	1721 BEAR BAY CV	\exists Add
		ORLANDO, FL 32824	□Remove
			Change
			Add Ghange Ghang
			□Remove
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ective date, if other than the date of filing: $\frac{07/11/2024}{1}$	(optional)
effective 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 605.02 cable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's records	
	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
07/18/2024	
ed	·
20.	
Signature of a member or auth	orized representative of a member
75.5. a member of author	onized representative or a member