## 124000344710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



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10/10/24--01022--006 ++43.75





October 28, 2024

RENE L SANTANA SR 17456 SW 33 CT MIRAMAR, FL 33029

SUBJECT: TOWER AND TOWER GROUP LLC

Ref. Number: L24000344710

We have received your document for TOWER AND TOWER GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 524A00023661

Rebekah Lefeavers Regulatory Specialist III

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tow.	Name of Limited Liability Company Sroup 1(C.
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	Renel, SANTANA Sr. Name of Person  Ser Tower Group 160  Firm/Company
10 W	Firm/Company
_/7	456 S.W. 33 CT.
	City/State and Zip Code
RD 1	Renesa Tous ) @ strail - loss -mail address: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
ReneL. SANTA	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following am	ount:
	tte of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
A check previous	FOR A143,75 was Migiled
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

Tower & Ton	ver Sroup LCC
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	Oat 7h
The Articles of Organization for this Limited Liability Compar	ny were filed on and assigned
Florida document number <u>L2400034</u> 9	1710
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17456 SW33 CT.
(Principal office address MUST BE A STREET ADDRESS)	
	33029
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	<b>20</b>
(Muning duaress MAT BE AT OST OF THEE BON	>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e 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 Zip 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove
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			□ Change

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an effective Note: If the	te, if other than date is listed, the date date inserted in the effective date on the	e must be specific a his block does not	nd cannot be prior t meet the applic	cable statutory fil	more than 90 days afting requirements, t	tional) ter filing.) Pursuant his date will not	to 605.020 be listed as
record spec	ifies a delayed effe	ective date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of:	(b) The 90th da	ny after the
	Vov. 18	<u></u>	, 202	4		7	
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ated							
Dated		Signature of	a member of auth	norized representati	ve of a member		_ <del></del>

Filing Fee: \$25.00