## L24000348878

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LLC Amend

TILED MADOT -1 PAIR 47

A. RAMSEY OCT 15 2024

## **COVER LETTER**

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TO:

Registration Section Division of Corporations

SUBJECT:	TERPRISES LLC  Name of Lim	ited Liability Company				
		,				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:				
	Terralyn Seilkop					
		Name of Person				
	TMWS ENTERPRISES L	LC				
		Firm/Company	<del></del>			
	725 Dunlawton ave #2900	93				
		Address				
	Port Orange, FL 32127					
		City/State and Zip Code	<del></del>			
	tmwsenterprises20242@out	tlook.com				
	E-mail address: (	to be used for future annual report not	tification)			
For further information of	oncerning this matter, please c	all:				
Mariah Dickerhoff		386 405-5424 at ()				
Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

TMWS ENTERPRISES LLC

2024 OCT -1 PM 12 47

(Name of the Limited Liability Company as it now appears on our records.) YOF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/08/2024 \_\_\_\_\_and assigned Florida document number <u>L24000348878</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 725 Dunlawton ave #290093 Port Orange, Fl 32127 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO box 290093 Enter new mailing address, if applicable: Port Orange, FL (Mailing address MAY BE A POST OFFICE BOX) 32129 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

## 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>	Address	Type of Action
MGR	Terralyn Seilkop	725 Dunlawton #290093 Port Orange, FL 32127	<b>=</b> Add
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ated Septemeber 23 . 2024	90th day after the
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Signature of a member or authorized representative of a member	
Terralyn Seilkop	