

8/26/24, 3:49 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : 120000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TTCG903, LLC

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2024 AUG 26 PM 2:55

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T. LEMFUX

AUG 27 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TTCG903, 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 08/16/2024 and assigned
Florida document number 124000352982

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 "L.L.C."

Enter new principal offices address, if applicable:

121 NE 34TH STREET, UNIT 1205

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33137

Enter new mailing address, if applicable:

121 NE 34TH STREET, UNIT 1205

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33137

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

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 Changing Registered Agent, Signature of New Registered Agent

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2024 AUG 26 PM 2:55

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>
MGR	SABIR, GALINA	101 NE 34TH STREET, UNIT 1205	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SABIR, GALINA	121 NE 34TH STREET, UNIT 1205	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

