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To:

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

From:

Account Name	:	INCFILE.COM LLC
Account Number	:	120220000070
Phone	:	(888)462-3453
Fax Number	:	(877)919-2613

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

EFILE1234@INCFILE.COM Email Address: ω LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ЫЧ SEGURA ARRIEROS LLC 141 HAL Certificate of Status 0 Certified Copy 0 52 C Page Count 05 \$25.00 Estimated Charge

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JAN 15 2025

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COVER LETTER

TO: **Registration Section Division of Corporations**

SEGURA ARRIEROS LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report politication)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Person

_ at (_____) <u>888-462-3453</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 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

1/13/2025 21:15:39 CST

ARTICLES OF AMENDMENT TO

ARTICLES OF OF OF		2025 JAN 14 FM 2.
SEGURA ARRIE (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia		2025 JAN 14 FM 3: 10 ALLAHASSER FLORID,
The Articles of Organization for this Limited Liability Company w Florida document number <u>L24000417015</u> .	/ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u> TAMPA BAY SHARPENING LLC The new name must be distinguishable and contain the words "Limited Liability		'LLC'' or the abbreviation ''L.L.C.''
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		

Enter new principal offices address,

(Mailing address MAY BE A POST OFFICE BOX)

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 addres	
	, FI	orida 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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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
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ote: If the date inserted in this	the date of filing:	able statutory filing re		filing.) Pursuant to 605.0.
ecord specifies a delayed effective filed.	ctive date, but not an effective th	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
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	Signature of a member or witho	ian Segura		
	 Signature of a member or pitho 	rized represeightive of a	member	
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Filing Fee: \$25.00

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