L24000477352

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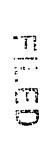
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COVER LETTER

TO: Registration Se Division of Cor			
TPGS Hold SUBJECT:	=		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Martin R. Mallinger, Esq.		
		Name of Person	
	Martin R. Mallinger, P.A.		
		Firm/Company	
	2424 N. Federal Highway,	Suite 456	
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	martin@mallingerlaw.com		
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	all:	
Martin R. Mallinger, Esq	<u> </u>	561 287-6303 at ()	
Name of	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:	
Mailing Address: Registration Section		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TPGS Holdings 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 November 12, 2024 and assigned Florida document number ______L24000477352 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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 ho,comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial 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 limiting \mathcal{L} 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	Simoni, Giuliana	541 NE 17 Avenue	□Add
		Ft Lauderdale, FL 33301	
			Change
MGR	Hirshson, Giuliana	541 NE 17 Avenue	≣ Add
		Ft Lauderdale, FL 33301	□ Remove
	•		□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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			DAW TO
			PAND PROMOVE TO SAME AND SET STATE Add
			FAIRDASS
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ocument's effective date on the Depar	riment of State's records.			8 o 3	3
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record specifies a delayed effective da Lis filed.	ne, but not an effective to	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day	affier the
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1/0/	nature of a member or author				_ ယ

Filing Fee: \$25.00