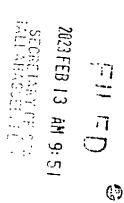
# M210000 1159

(Re	equestor's Name)
(Ad	ddress)
DA)	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	FEB 1 4 2023

Office Use Only



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#### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ite:	02/13/2022	- will SW
		Acc#I20160000072	4): ( ) = W
Name:	TPA10, LLC	<del> </del>	
Document #:			
Order #:	14762255 - 9	)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing:	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	55.00	

Thank you!

#### **COVER LETTER**

TO:	Registr Divisio		Section Corporations			
SUBJI	ECT: T	PA335	Name of Form	1 1 1 (4d 1 1	ahilim Co	
			name of rore	ign Limited Li	авшіу Со	mpany
Dear S	Sir or Ma	dam:				
The en	iclosed a	pplica	ition, certificate and fee(	s) are submitte	d for filing	<u>.</u>
Please	return al	ll corr	espondence concerning	this matter to tl	ne followi	ng:
Darleer	n Rodrigu	ez				
		•	Name of Person	, .		
Eversh	eds Suther	rland (	US) LLP			
			Firm/Company			
999 Pea	achtree St	reet, S	uite 2300			
			Address			
Atłanta	ı, GA 3030	09				
		-	City/State and Zip Co	de		
	_	_	sheds-sutherland.us			
E-m	ail addre	ess: (t	be used for future annu	al report notifi	cation)	
For fur	rther info	ormati	on concerning this matte	er, please call:		
Darleer	n Rodrigu	ez		404 at (	) 407-5	125
		Nam	e of Person	Area Co	de & Dayt	time Telephone Number
	Divisio P.O. Be	ration on of 9 ox 63	Section Corporations		Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
□\$25 CR2E05	Filing Fo		a check for the followin  \$\Boxed\$ \$30 Filing Fee &  Certificate of Status	🗵 \$55 Filin	•	\$60 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it appears or  TRATEST LLC		•
State: TPA3351, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 FEB
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)		EB 13 AM 9: 5
2. The Florida document number of this limited liabili	ity company is: M210000	01159
3. Jurisdiction of its organization: Georgia		
4. Date authorized to do business in Florida: 01/28/20		
SECTION II (5-9 complete only the applicable cha	inges)	
5. New name of the limited liability company: TPAS (must co	585, LLC ontain "Limited Liability C	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	ing members adopting the	ng business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floi	rida Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and and accept the obligations of my position as registere document is being filed to merely reflect a change in a liability company has been notified in writing of this c	stered Agent: and agree to act in this cap d complete performance of d agent as provided for in the registered office addre	pacity. I further agree to comply with of my duties, and I am familiar with of Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

If the amendmen	t changes person, title or capacity in a	ccordance with 605,0902 (1)(e), indicate that	it change:
Ile/Camcity	Name	Vithers	Type of Acid
			DAdd
			ORem
			DA6d
			<b></b>   <b></b>   <b></b>   <b></b>
	<del></del>		
			DRen
			DAdd
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forementioned a	r the law of phich this entity is organ	the official having custody of records in the	□Rem

Filing Fee: \$25.00

Control Number: 21016462

#### STATE OF GEORGIA

#### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF AMENDMENT

NAME CHANGE

I. Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

### TPA10, LLC a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 02/07/2023 changing its name to

## TPA3351, LLC a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official scal in the City of Atlanta and the State of Georgia on 02/09/2023.



Brad Rafforsperger

Brad Raffensperger Secretary of State

#### ARTICLES OF AMENDMENT

\*Electronically Filed\* Secretary of State

Filing Date: 2/7/2023 10:27:44 AM

Arnicle 18 22 - 2 The Paris of the Paris of

Business Name : TPA 10, LLC
Control Number : 21016462

Article 22

The date the original articles of organization were filed was: 01/20/2021

Article/3 Feb. 2017

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : TPA3351, LLC
Effective Date : 02/07/2023

Authorizer Information

Authorizer Signature: Darleen L. Rodriguez Authorizer Title: Organizer