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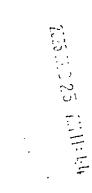
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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: TANDEM MANA	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) as	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	Name of Person
TANA	Firm/Company
1501	Firm/Company GULF BLVD #803 Address WATEL, FL 33 767
CLEAR	WATEL, FL 33 767
	City/State and Zip Code HOLLIS @ TANDEMMG. CON ress: (to be used for future annual report notification)
For further information concerning this matter, ple	
Row Hours	at (Le 78 800 - 98 7 Le Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of State	& S55.00 Filing Fee & S60.00 Filing Fee, us Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CISTILLC.	1501 GULF BLUD # 803	Add
		CLCARWATER, FL 3376	7_ □Remove
			Change
MBR	Roy Hours	1501 GULF BUD #80	
		CLEARWATER, FL 33761	Remove
		33761	□Change
M2	CHRISTWA LE IT NER	3130 ALDRIGGE CT	□Add
		COMMING, GA	Remove
		COMMINY, 64 30040	□Change
MBR	The Machan	147 CHINQUAPIN E) 29 □Add
		ELLIJAY GA	AIRemove
		ELLIJAY GA 30536	□Change
MBR	MIKE HIFFA	4115 WELLINGTON LAKE	C □Add
		POACHTREE CORNUS, GA	Remove
		30097	Change
MB12	School Masian	10520 PARKUS Lavourg	□Add
		TAMPIT, : EL 33615	Kemove
			□Change

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ective date, if other than the date of filing: _ n effective date is listed, the date must be specific and car te: If the date inserted in this block does not meet cument's effective date on the Department of State	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 60: t the applicable statutory filing requirements, this date will not be list e's records.
cord specifies a delayed effective date, but not an s filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
mlin lar	. 1 ^
med 8 19 25	nber or authorized representative of a member

Filing Fee: \$25.00