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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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SUCATION OF SUME

COVER LETTER

TO:

Tallahassee, FL 32314

| FO: Registration Sect Division of Corpo | | | |
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| RUBJECT: NOT T | 00 Shabby, L | L(. | |
| <u> </u> | | ted Liability Company | |
| m | | | |
| | mendment and fee(s) are subti dence concerning this matter t | - | |
| rease return an correspond | dence concerning this matter t | o the following. | |
| | Alex | SGW, FG9. | |
| | | | |
| | HOWS LAV | V-Atturneystu | Not Too Shabby, LLC TMITHOLDINGS, LLC |
| | 111 111 10 | Finish company | TMITHOWNOGGILLC |
| | _ IIGMC DA | MS Blvd, suite 7 | |
| | Santai | losa Beach, H | 271cd |
| | | City/State and Zin Code | |
| | agay Glyrs law | . COM; Marisolgv | 1100Me.COV |
| For further information cor | ncerning this matter, please ca | • | |
| Alexis Gay | | 601 750 | -1058 |
| Name of I | Person | at (Oot) 1 300 Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the X | - | | |
| 525.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Address: Registration Se | | <u>Street Address:</u> Registration Sect | ion |
| Division of Co. P.O. Box 6327 | rporations | Division of Corp The Centre of Ta | orations |
| 1.10.100.0027 | | The Centre of Ta | Hanassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOT TOO Shabby, 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 Compare Florida document number 11200005 58 | ny were filed on Janvany 11 1202 and assigned |
|---|---|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ibility Company," the designation "L.E.C." or the abbreviation "L.E.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | Z4 SEP |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | HASSIE FL |
| agent and/or the new registered office address here: | e address on our records, enter the name of the new registered |
| Name of New Registered Agent: TM)17 | Holdings, LLC 5 US HWY 98 E; De P. 101 Enter Florida street address Deally Florida 32461 |
| New Registered Office Address: 1280 S | 5 US HWY 98 E ; 100 P. 101 |
| Inlets | Sellor Florida street address Florida 2240 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.

f Changing Registered Agent. <u>Signature of New Registered Agent</u>

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 |
|--------------|------------------|---|----------------|
| AMBR | TMJ17 Hadingsllc | 12805 US HWY 98, P.1 | Ol Add |
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| Maraki | Antonio Gulo | U cypness Breeze Bro | □Change |
| MEMO | 1/1/0/0/0 | Santa Rosa Beaunt-L | |
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| | ny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| <u>Sote:</u> If the da | if other than the date of filing: |
| record specific | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the |
| oated Sex | stem/benz 4 2024 |
| | Signature of a member or authorized representative of a member |
| | MADISOL GULLO Typed or printed name of signee |
| | Alexis R. Eay, Esq. Attomey in Fact for Filing Fee: \$25.00 TMJ MACHUMS, L |