

L05 0000 40271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

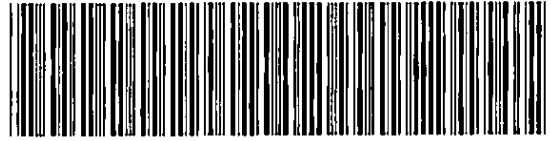
(Business Entity Name)

(Document Number)

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05/12/23--01012--017 **25.00

2023 MAY 12 AM 8:42
FILED

7/18/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TyTy, LLC
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:

Candyce M. King

Name of Person

King & Mannion, P.A.

Firm/Company

2219 Park St.

Address

Jacksonville, FL 32204

City/State and Zip Code

kingcandyce@bellsouth.net

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

For further information concerning this matter, please call:

Candyce M. King

904

387-9886

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 MAY 12 AM 8:42

lyly, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(All Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04 18 2005 and assigned
Florida document number 105000010271.

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)

194 Country Fern Dr.

St. Augustine, FL 32092

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:

Nongard Shelton

New Registered Office Address:

194 Country Fern Dr.

Enter Florida street address

St. Augustine

Florida 32092

City

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.

Nongard Shelton

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nongnard Shelton	194 Country Fern Dr.	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Other	Estate of Gary Shelton	5900 Church Road	<input type="checkbox"/> Add
		Elkton, FL 32033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard Shelton	2604 Carroll Lake St.	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 1 2023

Signature of a member or authorized representative of a member

Richard Shelton
Typed or printed name of signee