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(Document Number)				
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COVER LETTER

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TO: Registration Section Division of Corporation SUBJECT: TOOTH	Fairy Creations LLC Jew Name of Limited Liability Company	iged to elry by TFC LLC
	Mame of Limited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	LORI K. Brennemar	7
	Name of Person	
	Tracord Jewelry	by TFC LLC
	Firm/Company	
	6212 Dora Drive	
	Address	
	MOUNT DORA, FL 3275	.7
	City/State and Zip Code	
	LORIKBE AOL. COM	
	E-mail address: (to be used for future annual report notification)	
For further information concerning	ng this matter, please call;	
LORI Bre	nneman at 443 745-	2118
Name of Person	Area Code Daytime Telepho	one Number
Enclosed is a check for the follow	wing amount:	
	30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING AI	ANDESC. CTDEET/CAUDIED AD	NDFCC.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

* IRS letter attached stating my
EINI number hasn't changed Thank you

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tooth Fairy Creations LLC

company has been notified in writing of this change.

(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	and assigned
Florida document number 1.14000015160		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Jewelry by TFC LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6212 DO	ra Orive
(Principal office address MUST BE A STREET ADDRESS)	MOUNT DOG	2A, FL 32151
	MOUNT DOE	changed f
Enter new mailing address, if applicable:	same as be	
(Mailing address MAY BE A POST OFFICE BOX)	same as be	fore and
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the ne
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		1.00
New Registered Office Address:		
rew regimered office riddress.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILED MGR = Manager AMBR = Authorized Member Title Name | **Address Type of Action** _□ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added

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(If an effective da Note: If the da		(optional) filling or more than 90 days after filing.) Pursuant to 605.0207 (3), utory filing requirements, this date will not be listed as the
	pecifies a delayed effective date, but not an ef day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated/	2-3- 2018.	
	Signature of a member or authorized rep	end resentative of a member
Loi	ri K Brenneman	
	Typed or printed name of	of signee

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Filing Fee: \$25.00