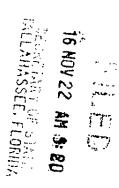
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DATE:

11/22/16

NAME:

TEA TIME 4 TWO, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Corpo	orations		
SUBJECT:	June 4 1	(UO) J.C.	
		•	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
•	_	-	
	Fyn	Son el Name of Person	·
	<u>Iea Time</u>	4 July 140 Firm/Company	
	1504 E. H	ark Circle	<u> </u>
	Jana, 4	ONULA 33610 City/State and Zip Code	
	Formail address: (to	BO G Mail, COV o bo used for future annual report notif	1(
For further information cor	cerning this matter, please ca	ń: ·	
Hy St. Name of	DOZel Person	at (<u>B/3)</u> B 50- Area Code Daytim	- 8135 e 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

TO:

Registration Section

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on . Feb 16, 2016 and assigned Florida document number 114000134868 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) B. If amending the registered agent and/or registered office address on our records, enter the fiame registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

If Changing Registered Agent, Signature of New Registered Agent

TEA TIME 4 TWO

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>	Name	Address	Type of Action
MGR	LYSA BOJEL	15704 NEW HAMPTON S	T. WAdd
		15704 NEW HAMPTON S HACIENDA, HEIGHTS, CA 917	
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional more than 90 days after filing) g.) Pursuant t	o 605.02	:07 (
Note: If the date inserted in this block does not meet the applicable statutory filit document's effective date on the Department of State's records.	ng requirements, this dat	e will not be	e listed	ast
ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m	. on the e	arlier	of:
Dated November 22 , 2016				
Les Lorel	/a of a mamber		_	
Dated November 22, 2016 Signature of a member or authorized representative	ve of a member	_	-	

Page 3 of 3

Filing Fee: \$25.00