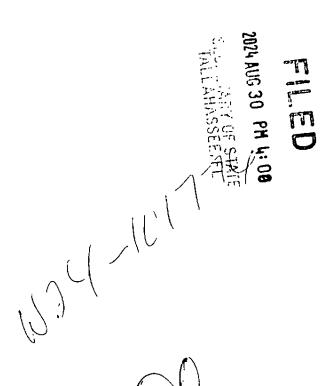


(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2024

SUZANNE PICKETT 1105 PHELPS STREET JACKSONVILLE, FL 32206

4.03 3 9 2024

SUBJECT: TALLE & CO, LLC Ref. Number: L15000109261

We have received your document for TALLE & CO, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 324A00015175

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Jak	· Co, LLC	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	/ Same of Lim	nted Clability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		SUZULE FICKET	<u>+</u>	
	1165	Prolps Street	2 +	
		City/State and Zip Codd	2206 Ball 2000 30 30 30 30 30 30 30 30 30 30 30 30	
	E-mail add ess: (to be used for future annual report notif	ication)	हान 🖖 🚽
For further information con	neerning this matter, please c		SSEE FILE	
OUZAN Name of	Ne Fichet	at (<u>404</u>) <u>531</u> Area Code Daytime	Telephone Number	•
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	S30.00 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:		Street Address:		

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

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

Talle · Co	1, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record- limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15 00010924</u>	mpany were filed on <u>D6/23/3</u> !	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited UZUNU PICKeH The new name must be distinguishable and contain the words "Limited"	ed liability company here: Enterprisel, LL	<u>د</u>
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	M	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2024 AUG 30 P
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent: Apr		
New Registered Office Address:		
	Enter Florida street addres	,,,
	FL	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
A STATE OF THE STA		t and the state of the

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

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
			□Add
			□Remove
			□Change
			□Add
		1	□Remove
			☐ Change
			202 Jug 30 ve
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			1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
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			□Remove
			☐ Change
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	re any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	exeltire apparel, art ventures. partnerships	
	colleterations, consulting, community mal estate development, art business consulting,	
	1 (c) a la = colors and ark 1 / c a constanting	
	Life style branding + marketing + management	
	v: 8	
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	ATE ATE	
(If an effective <u>Note:</u> If the	date, if other than the date of filing:	(3)(b) the
document's	s effective date on the Department of State's records.	
If the record spec record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated	August 8 2024	
-	Hugh St. 2024. Signature of a member of authorized representative of a member.	
	O Suzanne Picket	
_	Typed or printed name of signee	

Filing Fee: \$25.00