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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tickle Giagle Box UC Name of Limited bathlity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Idilia Gorralez Name of Person
Tickle Gigale Box LCC
1653 Thatford circle
Orlando Fi 32824 City/State and Zip Code
E-mail address: (to be isselfor future annual report notification)
For further information concerning this matter, please call:
Name of Person at (331) Usa UIII Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comba (A Florida Limited)	Ny as it now appears on our records.		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 \ 149 \ 163</u> .	were filed on $11/25/15$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Tickle Signal BOX The new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of th	1-1-0	abbreviation "L.L,C."	
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRESS)		万。 <u>2</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F B + 5 PH	
		0 1 1 2 A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the	e nev
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		
	, Florida	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.

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 **Title** <u>Name</u> **Address Type of Action** □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change _ Add _□ Remove Change Remove ☐ Change _ Add

☐ Remove

_□ Change

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Filing Fee: \$25.00