## 117000257121

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## **COVER LETTER**

| TO: Registration Section Division of Corporations                 |  |   |
|---|--|---|
| T.V. Dides III  | $m{\psi} = m{\psi} = m{\psi$ | ,   |
| SUBJECT: TIKI Dudes, LCC Name of 1                                | Limited Liability Company  | ·   |
|   |  |   |
| The enclosed Articles of Amendment and fee(s) are                 | submitted for filing.  |   |
| Please return all correspondence concerning this mat              | tter to the following:   |   |
| Naomi Jo  | Name of Person   |   |
| TIKI Dud  |  |   |
|   | Firm/Company   |   |
| 4648 83°C   |  |   |
|   | Address  |   |
| <u>Pinellas</u> P   | CIV K / FL / 33781  City/State and Zip Code  |   |
| floagment   | 5000mal. Com   | cation)   |
| For further information concerning this matter, pleas             | •  | Cultivity   |
| Naomi Jones<br>Name of Person                                     | at ( <del>727</del> ) <u>674 - 5</u><br>Area Code Daytime  | 0628<br>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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address: Registration Section                             | <u>Street Address:</u><br>Registration Sec   | tion  |

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

| TIKI Ducles, LC   |  | - 22 ()                                |
|---|--|--|
| ( <u>Name of the Limited Liabi</u><br>(A Florid   | lity Company as it now appears on our<br>da Limited Liability Company) | r records.)                            |
| The Articles of Organization for this Limited Liability (   | Company were filed on 12/18  | 2017 and assigned                      |
| Florida document number <u>L1700025'7121</u>  |  |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the lin  | nited liability company here:  |  |
| Florida Payments Comp The new name must be distinguishable and contain the words "Lir                     | any III  | an "[1 f" or the abbraviation "[1 f f" |
| Enter new principal offices address, if applicable:   |  | in the wine anneviation that.          |
| (Principal office address MUST BE A STREET ADD  | RESS)  |  |
|   |  |  |
| Enter new mailing address, if applicable:   |  |  |
| Mailing address MAY BE A POST OFFICE BOX)   | <del></del>  | · · · · · · · · · · · · · · · · · · ·  |
|   |  | <u> </u>                               |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records,                                      | enter the name of the new register     |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  | P. Cu.   |  |
|   | Enter Florida street   | t address                              |
|   | City   | , Florida<br>Zin 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

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
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| lf an effectiv<br><u>Note:</u> If th | ve date is listed, 1<br>he date inscrtec | than the date of f<br>he date must be specified<br>in this block does r<br>e on the Department | c and cannot be prion<br>not meet the applic | cable statutory filing  | (option<br>re than 90 days after fil<br>requirements, this d | <b>al)</b><br>ing.) Pursuant to 605.0207<br>ate will not be listed as |
| e record sp<br>'d is filed.          | ecifies a delayo                         | ed effective date, but   | t not an effective t                         | ime, at 12:01 a.m. o    | n the earlier of: (b)  | The 90th day after the  |
| Dated                                | August                                   | 19   | 2021   |                         |  |   |
|                                      |  |  |  | . (                     |  |   |
|                                      |  | Signature o  | of a member or auth                          | orized representative c | f a member   | ·   |