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COVER LETTER

10:	Division of Con			
SURJE	Tabby I.I.C	:		
	~ <u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Justin J. Martin		
			Name of Person	
		Tabby LLC		
			Firm/Company	
		1300 Brickell Bay Dr. Apt	1809	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		Justin, Martin 789@Gmail.c		
			to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please c	all:	
Tyler S	Shapiro		415 246-8235	
	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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 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

Tabby LLC		
Name of the Limited Liability C (A Florida Lin	Company as it now appears on our reco mited Liability Company)	ords)
The Articles of Organization for this Limited Liability Com	pany were filed on 6/27/2018	and assigned
Florida document number L18000157152		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	•
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	= 2 2.
		11 8 71 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our recor s here:	rds, enter the name of the new
v av bila		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		Florida
	City	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Tyler Shapiro	2364 sw 11th terace, Miami FL 331	Add
			□ Remove
			Change
AMBR	John Crane	2314 sw 23rd street, Miami FL 331	Add
			□ Remove
		····	Change
			□ Remove
			Change
	<u> </u>		□ Add
			☐ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or motors. If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 60	5.020
ocument's effective date on the Department of State's records.	g requirements, this care with hive to his	iça ii.
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earli	er o
ated		
Signature of a member or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00