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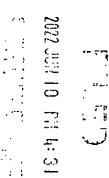
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT . MAIL				
(Business Entity Name)				
(Document Number)				
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Name Chang

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	HA ENTERPRISE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tiffany Larkins		
		Name of Person	•
	TYUMEISHA ENTERPRI	ISE LLC	
		Firm/Company	•
	1317 EDGEWATER DR.	#1401	
		Address	•
	Orlando, F1. 32804		
		City/State and Zip Code	-
	tiffanyylarkins@gmail.com		2022
	E-mail address: (to be used for future annual report notification)	2022 JUH
For further information c	oncerning this matter, please ca	all:	
Tiffany Larkins		941 5185055 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Mailing Addres		Street Address:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8	310

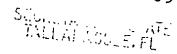
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 JUN 10 AM 8: 09



January 27, 2022

TIFFANY LARKINS 1317 EDGEWATER DR. # 1401 ORLANDO, FL 32804

SUBJECT: TYUMEISHA ENTERPRISE, LLC

Ref. Number: L18000171714

We have received your document for TYUMEISHA ENTERPRISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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

Alecia Rivers Regulatory Specialist II

Letter Number: 922A00002094

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYUMEISHA ENTERPRISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co Florida document number $\frac{L18000171714}{L18000171714}$	ompany were filed on 7/17/2018	and assigned
This amendment is submitted to amend the following:	 :	, ,,,
A. If amending name, enter the new name of the limit	ted liability company here:	
T. Yumeisha Enterprises, UC		
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/A	
(Principal office address MUST BE A STREET ADDRE		<u> </u>
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	····	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		
	Enter Florida street addre	rz
		lorida
	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
N/A_			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
		 ,	□Add
			□ Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□ Add
			□Remove
			∏Change

D. If amendin	any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
N/		
		
Note: If the	e, if other than the date of filing:	al) ng.) Pursuant to 605.0207 (3)(b) ate will not be listed as the
If the record spec record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Janua Dated	2022	
	Signature of a member or authorized representative of a member	
۲	Signature of a member or authorized representative of a member	
7	fany Larkins	

Typed or printed name of signee