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Wards. A

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Tanta	lizing Treasus	ted Liability Company	UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gwen Alreon	Megeartt Name i Person	
	TantalizingF	Posures by Mis	ssy. LLC
	14824 Aar	Club arcle	
	Tampa, Flo	City/State and Zip Code_	
	Chic Boutg	JE MISSUGAM To be used for future apply aport not	al.com
For further information c	concerning this matter, please ca	all:	
Guen Rege	ant of Person	at <mark>(813</mark>) 185-8 Area Code Daytin	5917 ne Telephone Number
Enclosed is a check for t			
□ \$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. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	<u>ss:</u> Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	Corporations	Division of Corporations The Centre of Tallahassee	
r () ()(1\ ()\).	<u>- 1</u>	inc centre or i	WIIWIIWJJ\\\

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tantalizina liea (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 800033365 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated August 14 2021
Signature of a member or authorized representative of a member
Gwen Alson Pregeant Typed or britished name of signee

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Filing Fee: \$25.00