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## **COVER LETTER**

TO:	Registration Se Division of Cor							
CHD H	TIARA GIF	RL, LLC						
Name of Limited Liability Company								
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Paul G. Schlichte, Esq.						
			Name of Person					
		Ray A. Schlichte, Jr., P.A.						
			Firm/Company					
		2134 Hollywood Blvd.						
			Address					
		Hollywood, FL 33020						
•		psehlichte@schlichtelaw.co	City/State and Zip Code m					
		E-mail address: ()	to be used for future annual report notif	ication)				
For fur	ther information ed	oncerning this matter, please co	all:					
Paul G	i. Schlichte, Esq.		954 923-4604 at ()					
	Name of	i Person	Area Code Daytime	: Telephone Number				
Enclos	ed is a check for th	e following amount:						
<b>■</b> \$2	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

TIARA GIRL, 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 Company were filed on October 10, 2018 \_\_\_\_ and assigned Florida document number L18000239979 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," the designation "LLC" or the abbreviation "LLC." 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	LINDA CESARIO	1393 VIA MERANO STREET	
		HENDERSON, NV 89052	Add
		THE WORK OF WAR	□ Remove
			☐ Change
MGR	LINDA CESARIO	1393 VIA MERANO STREET	
		HENDERSON, NV 89052	□ Add
			Remove
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Effective date, if other than the lift an effective date is listed, the date m	ist be specific and	I cannot be prior		r more than 90 days		
<u>Note:</u> If the date inserted in this document's effective date on the			able statutory fi	ling requirements	s, this date will	not be listed a
ne record specifies a delaye			t an effectiv	e time, at 12:	01 a.m. on	the earlier o
The 90th day after the re	cord is filed.					
Dated October 23		2018				
		•	_ `			
	_		_	ive of a member		

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Typed or printed name of signee

Filing Fee: \$25.00