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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

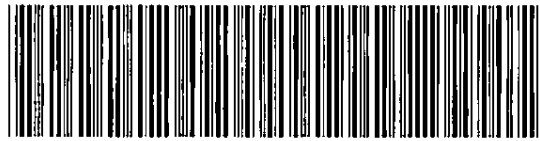
(Business Entity Name)

(Document Number)

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11/13/24--01014--021 \*\*25.00

26-11-13 11:11  
11/13/24 11:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIDY TIDINGS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caitlin Giordano  
Name of Person

Spritz and Pyro  
Firm/Company

2445 NE 27th St.  
Address

Lighthouse Point, FL 33064  
City/State and Zip Code

hitusup@spritzandpyro.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin at (754) 306-3501  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

TIDY TIDINGS 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 02/19/19 and assigned Florida document number L19000048951.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2445 NE 27<sup>th</sup> St.

Lighthouse Point, FL 33064

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2091 NE 36<sup>th</sup> St.

#5613

Lighthouse Point, FL 33064

**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:

2091 NE 36<sup>th</sup> St. #5613

*Enter Florida street address*

Lighthouse Point  
City

Florida

33064  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Caitlin Giordano</u>	<u>2091 NE 36<sup>th</sup> St.</u>	<input type="checkbox"/> Add
		<u>#5613</u>	<input type="checkbox"/> Remove
		<u>Lighthouse Point, FL 33064</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Philip Giordano</u>	<u>2091 NE 36<sup>th</sup> St.</u>	<input type="checkbox"/> Add
		<u>#5613</u>	<input type="checkbox"/> Remove
		<u>Lighthouse Point, FL 33064</u>	<input checked="" type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Change
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[illegible]

(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)(b)

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 NOVEMBER 5<sup>th</sup>, 2024

Cathy Giordano  
Signature of a member or authority

Signature of a member or authorized representative of a member

Caitlin Giordano

Typed or printed name of signee

**Filing Fee: \$25.00**