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COVER LETTER

D: Registration Section Division of Corporations	•
JBJECT: Tiakey Designs	LLC
Name of L	imited Liability Company
te enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
ease return all correspondence concerning this matt	er to the following:
Elfried	da Delgado Name of Person
Tia Re	y Designs LLC Firm/Company
334	Snook LuAy Address
- Kissin	City/State and Zip Code
Trakey be E-mail address	Signs @ Gmail Com s: (to be used for future annual report notification)
or further information concerning this matter, please	call:
Elfrieda Delgado	at (407) 779-6670
Name of Person	Area Code Daytime Telephone Number
nclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	STREET/COURIER ADDRESS: Registration Section Division of Corporations

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES.OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tia Rey Designs	any as it now appears on our records.) Liability Company)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
Articles of Organization for this Limited Liability Company	y were filed on $\frac{2/38/2019}{}$ and assigned
rida document number <u>L 190000 58600</u> .	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited lial	oility company here:
new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
incipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable: <u>ailing address MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered of istered agent and/or the new registered office address here	office address on our records, enter the name of the new re:
	HAR T
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Fig. 5
	City Florida Sip Code
v Registered Agent's Signature, if changing Registered Agent	
visions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

apany has been notified in writing of this change.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Nianager Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
16R	Elfrieda Delgado	334 Snook WAY	Add
	_	hissimmee FL 3475	☐ Remove
			Change
16R	Bernard Jackson J	R 334 Smook Way	🗆 Add
		hissimmee, FL 3475	Remove
	·		Change
16R	Tiana N. Jackson	334 Snook way	
		Kissimmee, FL 3475	Remove
			Change
YGR	Reyna J. Jackson	334 Snook Way	Add
		hissimmee, FL 34759	Remove
			□ Add
			□ Remove
			□ Change
			🗆 Add
			_□ Remove
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tive date, if other	r than the date of	filing:		(optiona	l)
ffective date is listed,	the date must be specified in this block does	ic and cannot be prior	to date of filing or mo	(optiona re than 90 days after filir requirements, this day	g.) Pursuant to 605.020
	te on the Department			requirements, tins da	o will not be noted as
			t an effective tii	ne, at 12:01 a.m	. on the earlier o
e 90th day arte	r the record is fi	iea.			
1					
			<u></u>		
	E,	Uprieda I	Velsento		
	Signature	of a member or author	orized representative o	f a member	
			Delgado ed name of signee		

Page 3 of 3

Filing Fee: \$25.00