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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Ticket Tags	s LLC				
SUDJE	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.			
		ondence concerning this matter	•			
		Chris Lind				
		Ticket Tags LLC	Name of Person	······································		
		835 S. Osprey Ave #405	Firm/Company			
		Sarasota, FL 34236	Address			
		chris@sarasotaflorida.ca	City/State and Zip Code	<u> </u>		
For furth	ner information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report no all:	tification)		
Chris Li			941 928-3534 at ( )			
	Name o	f Person	\	ne Telephone Number		
Enclosed	d is a check for th	ne following amount:				
<b>≘</b> \$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)		
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo			

P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Ticket Tags LLC

(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000137667	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	835 S. Osprey Ave #405
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236
Enter new mailing address, if applicable:	835 S. Osprey Ave #405
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34236
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office 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 a 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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Remove ☐ Change \_□ Add □ Remove \_□ Change \_□ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad

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Effectiv	e date, if other than the date of filing:(optional)
Note: 1	coptional) ctive 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 605.03 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	
_	1
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00