L19000140567

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pe	rsonify LLC		
SUBJECT:TC	Name of Lim	ited Liability Company	- · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Teresa M	Name of Person	·
	Personify L	LC	
	1010 07 111	Firm/Company	7. 23
	acnia	a Cella a m	23/23 SEP -8 PH
	3506 NW	SHN AVE Address	
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	<u>Coral Sp</u>	rings, FL 3306 City/State and Zip Code	5
	Table	City/State and Zip Code	့ ယု
		to be used for future annual report noti	
For further information c	oncerning this matter, please c	·	······································
Toresa M. Ken	ane clu	at (954) 809-	8060
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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)
Mailing Addres		Street Address:	a4: au
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Personipy LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000140567</u> .	were filed on M	$\frac{29}{28}$, $\frac{2019}{2019}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Tess Whilde L	oility company here:	TALL STORY
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		φ. σ
(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 agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

N

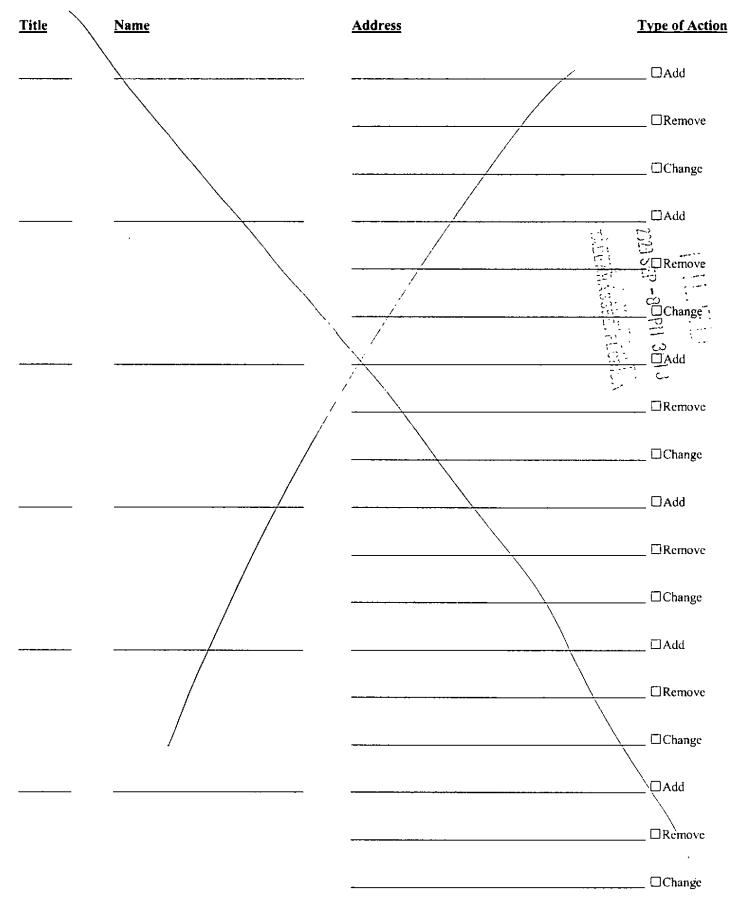
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



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earlier of: (b)	The 90	th day after th
mber		
ו	(option 90 days after firements, this continued to the co	(optional) 190 days after filing.) Pur rements, this date will earlier of: (b) The 90