L19000141103

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TIDY 3 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:
JENNA SHEETS Name of Person
Firm/Company
18208 PRAIRIE WOLF GLEN
PARRISH FLORIDA 34219 City/State and Zip Code JENNASHEETS 9@ GMAIL. CDM E-mail address: (to be used for future annual report notification)
JENNASHEETS 9@ GMAIL. CDM Fi-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JENNA SHEETS at (813) 418 · 9312 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Cert

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

TIDY 3	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000141103</u> .	were filed on MAY 29, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here;
TIDY ME UP LLC	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
D	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1099 CONTRACTOR OF THE CONTRAC
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan effec <mark>Note:</mark> H	e date, if other tive date is listed, the the date inserted t's effective date	he date must be sp I in this block d	occitic and co	annot be prior	able statutory	g or more than so filing require	(option: 0 days after fil ements, this day	al) ing.) Pursuant to 605 ite will not be list	5.020 ed a
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Filing Fee: \$25.00