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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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| TO: Registration Security Division of Cor | | | |
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| CHD IECT. | Tish's Di | shes LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | <u>Laticia</u> | S. Holligan Name of Person | |
| | Tishs | Name of Person J Shes, LLC. Firm/Company | |
| | | Dogwood Lane | 2 |
| | Margo | tte, FL 33063 City/State and Zip Code | <u> </u> |
| | | 22@hotmail.com | |
| For further information co | oncerning this matter, please ca | all: | |
| <u>Laticia</u> : | S. Holligan | at (95H) 806 Area Code Daytim | 7443 |
| Name of | Person | Area Code Dayum | e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| S \$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 Address Registration S | | Street Address: Registration Sec | ction |
| Division of Corporations | | Division of Cor | |
| P.O. Box 632 | 7 | The Centre of I | `allahassee |
| Tallahassee, F | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Marke Sand 01/21/2020 The Articles of Organization for this Limited Liability Company were filed on L20000026073 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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> | Type of Action |
|--------------|---------------------|-------------------------|----------------|
| MGR | Laticia S. Holligan | 3185 Dogwood Lane Magat | E.FL BAdd |
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| Note: If | date, if other than the date of filing: |
| the record s ecord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 2-07-2020 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 |

Filing Fee: \$25.00