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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section

Division of Co	erporations		
SUBJECT:	MIANI RIP	TI DE LLC	
		mited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Jal	Re Wright	
		Name of Person	
		Firm/Company	
	2734A	First Avenue	
		Address	
	Fernanding ,	City/State and Zip Code	<u>~</u>
	J <sup>*</sup>	ake03w@gmailco	arm.
		(to be used for future annual report no	
For further information	concerning this matter, please	call:	
Jake	Wright	at ( <u>308</u> ) 301	- 888°
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	the 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)
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C		Division of Co	•
P.O. Box 631 Tallahassee,		The Centre of	
rananassee.	1 に リムノ 1 サ	∠410 N. MONT(	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI RIPTIC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 5/12/2020 and assigned
lorida document number <u>L2ccco123033</u>	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
Tidy Tally, LLC he new name must be distinguishable and contain the words "Limited Liabil	
he new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2020 D
Principal office address MUST BE A STREET ADDRESS)	The state of the s
	-1
nter new mailing address, if applicable:	OF STORY
Mailing address MAY BE A POST OFFICE BOX)	- 8
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registers
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Now Bagistanud Office Address	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address.	Enter Florida street address . Florida

The form the second of the sec

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

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Remove
			□ Change

## Page 2 of 3

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(If an e <u>Note</u>	tive date, if other than the date of filing:  [Coptional]  flective 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 605.0207 (3)  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	John 2 2020.  Signature of a member or authorized representative of a member
	Johelebight
	Jake Wright Typed or printed name of signee
	Typed or printed name of signee