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(R	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
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COVER LETTER

Division of Co					
	sign with Tiffani LLC				
SOBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Tiffani Purdy				
		Name of Person			
	Human Design with Tiffan	i LLC			
		Firm/Company			
3211 W Swann Ave #206					
		Address			
	Tampa, FL 33609				
		City/State and Zip Code			
	hello@getkincticwithfani.ed			2022 ? E (
For further information o	e-man address: (concerning this matter, please co	to be used for future annual report notifiall:	ication)	2022 JAN 24 SECRETIES	t mates ()
Tiffani Purdy		813 270-3693			
Name o	of Person		Telephone Number		وحي
Enclosed is a check for t	he following amount:			(1)	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Human Design with Tiffani, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on May 12.2	020 and assigned		
Florida document number L20000128862		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Set Kinetic with Funi LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register		
and the state of t				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stree	t address		
	City	, Florida Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:	-	ziji v oza		
hereby accept the appointment as registered agent and agre				

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 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
			□Add
			□Remove
		•	□Change
			□Add
			□Remove
			□Change
	·		□Add
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Effective date, if other than the an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and block does not n	f cannot be prior t neet the applica	o date of filing or nuble statutory filing	(option ore than 90 days after ag requirements, this	filing \ Purcuant to 66	05.0207 sted as
e record specifies a delayed effected is filed.	tive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of: (b)) The 90th day aft	er the
Dated January 1		2022				
	,					
Jagu	Signature of a	nember of author	rized representative	of a member		