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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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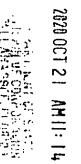


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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2020

TIAIRA THOMAS TIAIRA THOMAS ENTERPRISES LLC 4361 NW 25 PL LAUDERHILL, FL 33313

SUBJECT: TIAIRA THOMAS ENTERPRIESES LLC

Ref. Number: L20000213306

We have received your document for TIAIRA THOMAS ENTERPRIESES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THOMAS LEGACY ENTERPRISES, INC - P01000087978

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 120A00018318

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|--|--|---|
| SUBJEC | | omas Enterpriese LLC | • | |
| 30 D0 L | | Name of Lim | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | emitted for filing | |
| | | ondence concerning this matter | • | |
| | | Tiaira Thomas | | |
| | | | Name of Person | - |
| | | Tiaira Thomas Enterpries | LLC | |
| | | | Firm/Company | - |
| | | 4361 NW 25 PI | | |
| | | | Address | |
| | | Lauderhill Florida 33313 | | |
| | | | City/State and Zip Code | _ |
| | | tiaira.t.thomas@gmail.com | | |
| | | E-mail address: (| to be used for future annual report notification) | - |
| For furth | er information c | oncerning this matter, please c | all: | |
| Tiaira T | homas | | 954 440-8568 | |
| | Name o | f Person | Area Code Daytime Telephone Numb | жет |
| Enclosed | d is a check for th | ne following amount: | | |
| ■ \$ 25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certific | Filing Fee, cate of Status & ed Copy nat copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration Section | |
| | Division of C | - | Division of Corporations | |
| | P.O. Box 632 Tallahassee, 1 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite | 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 2920 OCT | |
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| | = | A SECTION ASSESSMENT |

| (Mr. P. C. P. P. C. P. P. C. P. C. P. P. P. P. C. P. | | · | |
|--|--------------------------|---|--------------------------|
| (Name of the Lin | (A Florida Limited Lial | as it now appears on our records.) | |
| The Articles of Organization for this Limited | Liability Company we | ere filed on 7/21/2020 | and assigned |
| Florida document number L20000213306 | - | | and assigned |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liabilit | v company here: | |
| Examinite dome Co. | CANIMA CO. | 1/a | |
| he new crame must be distinguishable and contain the | words "Limited Liability | Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | ······································ | |
| | - | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | - POV | | |
| THE PERIOD OF THE | | | |
| | _ | | |
| If amending the registered agent and/or gent and/or the new registered office addre | registered office add | ress on our records, <u>enter the n</u> | ame of the new registere |
| | | | |
| Name of New Registered Agent: | Tiaira T Thomas | | |
| New Registered Office Address: | 4361 Nw 25th Plac | e | · |
| | - | Enter Florida street address | |
| | Lauderhill | | 33313 |

New Registered Agent's Signature, if changing Registered Agent:

Tiaira Thomas Enterpriese LLC

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 heing 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

Daina Domas

If amendizg 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

| Title | Name | Address | Type of Action |
|----------------|---------------|---------------------|----------------|
| MGR | Tiaira Thomas | 4361 NW 25 PI | |
| | | Lauderdale Fl 33313 | 🗆 Remove |
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| fective date, if other than n effective date is listed, the dat te: If the date inserted in the current's effective date on t | e must be specific and his block does not n | d cannot be prior to neet the applicab | date of filing or more | (option than 90 days after fi equirements, this c | ling \ Purcuant to 605 020 |
| ccord specifies a delayed eff is filed. | fective date, but not | an effective tim | e, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| | | 2020 | | | |
| July 29 | | | _· | | |
| July 29 | Signature of a | ing | ZO representative of | A S | |

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Filing Fee: \$25.00