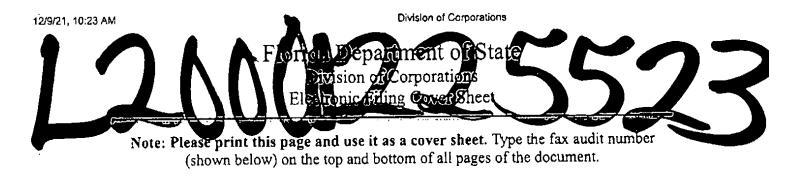
12

17



(((H21000448892 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018 : (305)222-2289 Fax Number : (305)221-3810

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TG BRIDAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$25.00

M. SOLOWON

## **↑COVER LETTER**

•	•	•••		***
TO: Registration Sec Division of Corp				
Division of Corp				
SUBJECT:	16 Bri	idal LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
	ndence concerning this matter t			
A rough votain an oov vop	•			
	BLANCA L LACAYO			
		Name of Person		_
	HADAS ACCOUNTING &	& TAX SERVICES CORE	3	
		Firm/Company		_
	210 SW 107TH AVE			
	210 3 W 107111 A 1 E	Address		ري من هي ساع م
		Address		. T en 12 %
	MIAMI, FL 33174			
		City/State and Zip Code		./s //s/ /mj ==( /11 /-s/
	hadastaxeservices@gmail.co	om to be used for future annual r	enort notification)	رب.) ۱۱ - بب ۱۷ - ۲۰
			Epote nonneation,	3.7 2.7
For further information of	oncerning this matter, please ca	all:		টুন ন ম
BLANCA L LACAYO		305 222	-2289	
Name o	f Person	Area Code	Daytime Telephone Numb	CT
Enclosed is a check for the	he following amount:			•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	≥ □ \$60.001	Filing Fcc,
= \$25.00 Finds : 00	Certificate of Status	Certified Copy	Cartific	eate of Status & ed Copy
		(additional copy is each		al copy is enclosed)
Mailing Addres		Street Ad		
Registration Division of C			ation Section a of Corporations	
P.O. Box 632			ntre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TG BRIDAL LLC			
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on our reco	ords.)
The Articles of Organization for this Limited Lia	bility Company	y were filed on 07/29/2020	and assigned
Florida document number L20000225523			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limit <b>ed l</b> ia	bility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liab	oility Company," the designation "U	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		Na.
			<u> </u>
Enter new mailing address, if applicable:		8550 NW 53rd St Unit B10	
(Mailing address MAY BE A POST OFFICE BOX)		Doral, Fl 33166	## <b>9</b>
77.00.00	···		
		<u>-,</u> :	
B. If amending the registered agent and/or re	gistered office here:	e address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:	Kelly-	Tatiana Gonza	dez Garaldo
New Registered Office Address:	8550 NW 531	RD ST.B104A	
		Enter Florida street ad	dress
	Doral		Florida 33166 Zip Code
		Citv	Via Code

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 =	Manager	
AMBR =	Authorized	Member

MGR = Manager  AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	MAYA, VERONICA	8363 LAKE DRIVE #401DORAL, FL 33166	□Add	
			<b>≣</b> Remove	
			Change	
· <del></del>	<del></del>		□Add	
			□Remove	
			☐ Change	
			□Add	
			CRemove C	
			Change	
			- 20dd - 2ddd	
			PRemove	
			Change	
			□Add	
			□Remove	
			©Change	
			🖸 Add	
			□Remove	
			□ Change	

· · · · · · · · · · · · · · · · · · ·	ation, enter change(s) here: (Attach additional sheets	
		202
		SECHETA
		EC - 9
		'C) —
		s_ <del></del>
		30
Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	hist be specific and cannot be prior to date of timing of filling requires block does not meet the applicable statutory filling requires	(optional) 0 days after filing.) Pursuant to 605.0207 (3)(b ments, this date will not be listed as the
he record specifies a delayed effer ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the ear	rlicr of: (b) The 90th day after the
Dated Nov 30	2021	
<u> </u>	Thirty	
— <del>—</del>	Signature of a member or authorized representative of a mem	ber
Keily T Gonzalcz G	raldo	
	Typed or printed name of signee	