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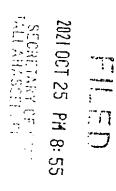
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Edward S Hand Jr		
			Name of Person	
		54082 Marlee Road	Firm/Company	
		Callahan, Florida 32011	Address	
		eshjr1@ gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further is	iformation c	oncerning this matter, please ca	all:	
Edward S H	and Jr		904 378,6904 at ()	_
	Name o	if Person	Area Code Daytime	· Telephone Number
Enclosed is a	check for the	he following amount:		
≡ \$25.00 F	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 25 PH 8: 55

(Name of the Limited Limities Comme		- SECRETARY OF CITY
(Name of the Eminted Limited Limited Limited L	ny as it now appears on our records, (ability Company)	TALLAHASCEE, FI
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
Tribe Culture IIc		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL(")	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	54082 Marlee Road Callahan Fic	orida 32011
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
totaliang tadaress plate by ATOST OFFICE DOA		
	e	enter the name of the no
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	
registered agent and/or the new registered office address here Name of New Registered Agent:		
registered agent and/or the new registered office address here Name of New Registered Agent:	:	ida
registered agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address	
registered agent and/or the new registered office address here Name of New Registered Agent:	Emer Florida street address	ida

If Changing Registered Agent, Signature of New Registered Agent

1. 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
			□ Remove
			☐ Change
	·		Add
		1.00	□ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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	-		
Effective date, if other than th	ne date of filing:	o date of filing or more than 90 days at	tional)
I'm effective date is listed, the date n Note: If the date inserted in this	ust be specific and cannot be prior t block does not meet the applica	o date of filing or more than 90 days at ble statutory filing requirements, t	ter filing.) Pursuant to 605.020 his date will not be listed a
document's effective date on the	Department of State's records.		
ne record specifies a delay	ed effective date, but not	an effective time, at 12:01	a.m. on the earlier o
The 90th day after the re	ecord is filed.		
20, October	2021		
Dated	, , , , , , , , , , , , , , , , , , ,	<u> </u>	
	Jun 41/00 /m	rized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00