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COVER LETTER

Tallahassee, FL 32314

	ration Sec n of Corp		•		
	etti Pieces.				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Tiara Brown			
			Name of Person		
		Pretti Pieces, LLC			
			Firm/Company		
		53 Loblolly Lane			
			Address		
		Midway, FL 32343			
			City/State and Zip Code		
		tiaraybrown@gmail.com	to be used for future annual	The state of the s	
For further infor	mation co	ncerning this matter, please co		teşkat kanncakon)	
Tiara Brown			850 50	9-2633	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a cho	eck for the	following amount:			
□ \$25.00 Filin	y Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	Certificate (closed) Certified (of Status &
	Address	_	Street A		
_	ration So on of Co	ection rporations		ation Section on of Corporations	
	3nx 6327	•		ntre of Tallahassee	

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

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 21 PH 10:

SECRETARY OF SIL

Pretti Pieces, LLC

(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/06/202}{\text{Log}}$ Florida document number $\frac{\text{Log}}{\text{Log}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
FIVE TWENTI SIXX, LLC	
AN COLUMN ALLEY DE ACTRET ADDRESS.	on LLC of the abbreviation L.L.C.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A+81
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida stree	it addries
Emer Fiorial sire	A CHICAL COM

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

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
			□Add
			Remove
			□ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	November 30th	2021	_ ·		
Signature of a member or authorized representative of a member		Jon &	OWO.		
	Sig	gnatifié of a member or author	rized representative of a n	nember	_
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Filing Fee: \$25.00