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i	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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TO:

Registration Section

Tallahassee, FL 32314

Divisi	on of Corp	orations			
	EES & SLI	EEVES LLC		?	. 7: 7:
SUBJECT: _					
The enclosed A	articles of A	Amendment and fec(s) are sub	omitted for filing.		
Please return al	II correspon	idence concerning this matter	to the following:		
		TAMICHA A GOODEN			
			Name of Person		•
		TEES & SLEEVES LLC			
			Firm/Company		•
		1248 E COUNTY ROAD	462		
			Address		•
		WIEDWOOD, FL 34785			
			City/State and Zip Code		•
		GTAMICHA75@GMAIL.			
		E-mail address: (to be used for future annual report not	ification)	
For further info	ormation co	ncerning this matter, please c	ail:		
TAMICHA A GOODEN		352 303-5878			
	Name of	Person		e Telephone Number	
Enclosed is a cl	heck for the	e following amount:			
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	ng Address Stration Se		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations			Division of Cor	porations	
P.O.	Box 6327	1	The Centre of T	Γallahassee	}

Notee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEES & SLEEVES 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 ANUARY 25, 2021 and-assigned Florida document number L21000045251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

1GR = [.MBR =]	Manager Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR	TAMICHA A GOODEN	1248 E COUNTY ROAD 462	
		WILDWOOD, FL. 34785	□Remove
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			□Remove
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<u>e:</u> [f	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
umer	nt's effective date on the Department of State's records.	
ord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
file	d.	
0:	2/13/2021	
ed		
	order d. Good	
	Signature of a member or authorized representative of a member	
	TAMICHA A GOODEN	

Filing Fee: \$25.00