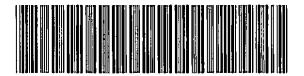
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

MALITHA	MARIE TARDIFF LLC	,	
Subject	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase return all correspondent	ondence concerning this matter	to the following:	
	MALITHA M TARDIFF		
		Name of Person	
	MALITHA MARIE TARE	DIFF LLC	
	INGRASSIN.	Firm/Company	
	1343 SW I <del>NGRASSIA</del> AV	/ENUE	
		Address	
	PORT ST LUCIE, FL 349:	53	
		City/State and Zip Code	
	MALITHATARDIFF@GM		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
MALITHA TARDIFF		561 543-6361 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Co The Centre of '2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1/26/2021	(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our mited Liability Company)	records.)
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 "LLC."  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	The Articles of Organization for this Limited Liability Com Florida document number L\$\frac{1}{8}1000048836	npany were filed on 1/26/2021	and assigned
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	This amendment is submitted to amend the following:		
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	A. If amending name, enter the new name of the limited	d liability company here:	
(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	The new name must be distinguishable and contain the words "Limited	I Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
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	Enter new principal offices address, if applicable:		- re
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			07
, Florida	Name of New Registered Agent:		
		izmer r tortud street	

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

MALITHA MARIE TARDIFF 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MALITHA M TARDIFF	1343 SW INGRASSINA AVENUE	■Add
		PORT ST LUCIE, FL 34953	□Remove
MGR	JASON D TARDIFF	1343 SW INGRASSINA AVENUE	
		PORT ST LUCIE, FL 34953	■Remove
			□ Change
MGR	ALEXANDRIA M TARDIFF	1343 SW INGRASSINA AVENUE	□Add
		PORT ST LUCIE, FL 34953	■Remove
MGR	JOEL D TARDIFF	1343 SW INGRASSINA AVENUE	
		PORT ST LUCIE, FL 34953	Remove
		<del></del>	□Add
			Change
			□Add
			□Remove
			□Change

Figure 1. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  FEBRUARY 17  2021  WALITHA M TARDIFF				
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Filing Fee: \$25.00