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(Requ	uestor's Name)
(Addr	ress)
(Addr	ress)
(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	ness Entity Name)
(Docs	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:

Office Use Only



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T. MATTHEWS MAY -5 2022

COVER LETTER

TO:

			,
	use Investments,LLC		<i>:</i>
cr:	Name of Lim	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all corresp	ondence concerning this matter	to the following:	
	Katharine R. Bloom		
		Name of Person	
	Town Mouse Investments,	LLC	
		Firm/Company	
	148 42nd Ave NE		
		Address	
	St Petersburg, FL, 33703		
		City/State and Zip Code	
			
ner information		·	ufication)
ne R. Bloom		619 246-2622	
Name	of Person		ne Telephone Number
d is a check for t	the following amount:		
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations	
		The Centre of	
	Town Mod Tow	Name of Lim Osed Articles of Amendment and fee(s) are substantial correspondence concerning this matter Katharine R. Bloom Town Mouse Investments, 148 42nd Ave NE St Petersburg, FL, 33703 katybunderson@gmail.com E-mail address: or information concerning this matter, please cone R. Bloom Name of Person It is a check for the following amount: Of Filing Fee \$30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section	Town Mouse Investments, LLC Town Mouse Investments, LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Katharine R. Bloom Name of Person Town Mouse Investments, LLC Firm/Company 148 42nd Ave NE Address St Petersburg, FL, 33703 City/State and Zip Code katybunderson@gmail.com B-mail address: (to be used for future annual report not er information concerning this matter, please call: the R. Bloom Name of Person Town Mouse Investments, LLC Firm/Company 148 42nd Ave NE Address St Petersburg, FL, 33703 City/State and Zip Code katybunderson@gmail.com B-mail address: (to be used for future annual report not provide the following amount: The R. Bloom Name of Person Town Mouse Investments, LLC Firm/Company 148 42nd Ave NE Address St Petersburg, FL, 33703 City/State and Zip Code katybunderson@gmail.com B-mail address: (to be used for future annual report not provide the following amount: The R. Bloom Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of The C

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 14 PH 3: 31

ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
iability Company were filed on <u>3</u> 6227	17/2021 and assigned
owing:	
f the limited liability company he	<u>re</u> :
ords "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
able:	
TADDRESS)	
<u>BOX)</u>	
registered office address on our ress here:	cords, <u>enter the name of the new registe</u>
Katharine R. Bloom	
Enter Flor	ida street address
Tanti I Ka	
City	Florida
	(A Florida Limited Liability Company) iability Company were filed on36

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Katharine R. Bloom	148 42nd Ave NE	■Add
		St Petersburg, FL 33703	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
the recorecord is fi	d 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 led.
Dated	11 APR 2022
	Signature of a member or authorized representative of a member
	Katharine R. Bloom Typed or printed name of signee

Filing Fee: \$25.00