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• COVER LETTER

TO: Registration Section 5. Division of Corporations
SUBJECT: J. N.T Mobile Boufique LLE
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TYPSHIG THOMAS Name of Person
T.n.+ Mobile Boutique LLC Firm/Company
4318 Windy Pane Court
Tallahassee Fl 32365 City/State and Zip Code Tyrishig Thomas 190 gmail (om E-mail address: (to be used for futbre annual report notification)
Tyrishig Thomas 190 gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyrishipa Thomas at (850), 363-7813 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T. N. T Mobile Bout	ique LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000129930}{L2000129930}$. This amendment is submitted to amend the following:	were filed on 03/19/2021 and assigned	
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabs Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Q500 Holton Street Apt. F131 Tallahassee F1 32310 US	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2500 Holton Street Apt F131 Tallahassee, F132310 US	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere	<u>d</u>
Name of New Registered Agent:	The co	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Code	

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 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

Title	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Tyrishia Thomas	2500 Holton Street Apt. F131 Tallahassee, FL32310	[Add
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Effective date, if other than the date of filing: \(\int \frac{11}{10} \) \(\frac{1}{2} \) \(\frac{2}{3} \) \(
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 red is filed. Dated OI / O	-	
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Filing Fee: \$25.00