

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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		6/39/31 Tm





05/27/21--01013--024 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FIC		Tye Collective Company	ion UC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dieura H	Shora + Name of Person	
		Firm/Company	
	405 NE 19	91St Apt 20	5
	Migmi FL Dieunations	City/State and Zip Code	
	Dieunattono E-mail address (i	obe used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	dl:	
Dicunq Name o	Honora+	at (<u>786)</u> <u>(017</u> - Area Code Daytime	3455 Telephone Number
Enclosed is a check for th	ne following amount:		
\$\$\$25,00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eleven Twelve Collection 21HA 28 (PH 3: 46)
(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 C	ompany were filed on Hol	and assigned
Florida document number <u>L210011</u>	20671	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
inuting dudiess MAT DE ATOST OFFICE BOA		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
agent unavigine new registered villee address nege.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	Zip 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:

4 1 1 1 1 1 1 1 1 1 1 MGR = Manager AMBR = Authorized Member 21 HAY 28 PH 3: 46 Type of Action **Address Title** <u>Name</u> MGR Dieura Honorat 405 NE 1915+ Migmi FL, 33179 Xchange ____ □Add □Remove □Add _____ Change □Remove _____ Add ____ Remove __ Change _____ __ ___ ___ ___ Add

_____ □Change

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	e inserted in this b			ble statutory	y filing require	ments, this c	late will not be l	isted as the
cument s erre	ctive date on the L	repartment of S	state's records.					
	s a delayed effecti	ve date, but not	an effective tir	ne, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	fter the
is filed.								
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