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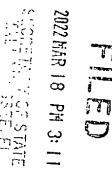
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Y. SCOTT MAR 2 6 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Tangible F	oundations LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Latosha McFarlin			
		Name of Person		
	Latosha McFarlin, LLC		\$E0	7077 MAR 18 PM 3: 11
		Firm/Company		或 ************************************
	7643 Gate Parkway, Suite	104-1698	·택 ($\frac{2}{8}$
		Address		고 [
	Jacksonville, FL 32256		Mo. ™S	\
		City/State and Zip Code		
	latosha.mcfarlin@gmail.coi	n to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c		,	
Latosha McFarlin		904 412-4370		
Name o	f Person	Arca Code Daytir	ne Telephone Number	
Enclosed is a check for the	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		Street Address:	action	
Registration S Division of C		Registration So Division of Co		
P.O. Box 632	7	The Centre of		
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tangible Foundations LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our recordiability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number L21000194059	were filed on 4/26/21	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Latosha McFarlin LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: 7643 Gate Parkway, S		aite 104-1698		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32256	2022 S.E.O		
	7643 Gate Parkway, Suite 10	04-1698		
Enter new mailing address, if applicable:	Jacksonville, FL 32256			
(Mailing address MAY BE A POST OFFICE BOX)	3dek3017fffe, 11, 32230			
B. If amending the registered agent and/or registered office :	address on our records, ente	er the name of the new register		
agent and/or the new registered office address here:	<u></u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	,	Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	1			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is		

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
			□Add
			□ Remove
			□Change
 ,			□ Add
			□Remove
			□Change
			Add
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ective date, if other than effective date is listed, the date	the date of filing must be specific and	cannot be prior t	o date of filing or	(0 more than 90 days	o ptional) after filing.) P	arsuant to 605,020
te: If the date inserted in the tument's effective date on the	is block does not m	eet the applica				
union seriective date on ti	ie Department of St	tate s records.				
soud sussifiers a deless of affect of			12-01		EAL TE O	041 0 4
cord specifies a delayed effe s filed.	cuve care, our not	an entective th	ne, at 12:01 a.fr	i. On the earlier o	a. (v) The 9	om day after the
March 15		2022				
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ed March 15	& Mass	al.				

Filing Fee: \$25.00