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COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: TONYA'S TIGHTY Name of L	TOUCH LLC Limited Liability Company
Tonya's Tonya'	Firm/Company Ale South Saint Petersburght 30 PR City/State and Zip Code Al Q yanoo com
Foster Antwo	City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please	e call:
Antwon nicholas Foster Name of Person	at (727) 710 - 80 43 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, 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

Tonga's Tranty Touch LLC

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on o ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000229682</u> .	ny were filed on May	18 th , 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line Tonya's Tipy Touch LL.C. The new name must be distinguishable and contain the words "Limited Line Line Line Line Line Line Line Line		ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		202 FERRAL J
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		UN 30 PM II: II
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet 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:

MGR = AMBR =	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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