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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MANAUSA SHAW & MINACCI Account Name

Account Number : I20210000086

Phone

: (850)597-7616

Fax Number

: (850)270-6148

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEAL DIGS HOLDING LLC

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Page Count	07
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TQ:	Registration Section
	Dission of Cornorations

Teal Digs Holding LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KOHIE RAC

Name of Person manausu, shaw y mmacci 1701 Hermitage Blvd, suite 100 Tallanassel, Fl 32308
City/State and Zip Code Danny @manausalaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Rae at (950) 597-7010

Enclosed is a check for the following amount:

S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status

S55.00 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 H 210002767493

## ARTICLES OF ORGANIZATION

Teal Vigs Holding	
(Name of the Limited Liability Company as-i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000231574</u>	filed on $\frac{5/18/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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 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:

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MGR = Manager

AMBR = Authorized Member

Name	Address	Type of Action
Jaime Blue	*Hername is spelled	DAdd
	Jamie - needs to be	□Remove
	changed to "Jaime"	AChange
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		□Remove
		Change
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