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(Re	equestor's Name)	
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	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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(a/24/2029

COVER LETTER

TO: Registration S Division of Co			
TIFFAMY	' LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	ERIN E WOLLETT, ESQ		
		Name of Person	
	WRIGHT & CASEY, P.A		
	-	Firm/Company	-
	340 N. CAUSEWAY		
		Address	
	NEW SMYRNA BEACH	, FL 32169	
		City/State and Zip Code	
	TIFFANYMARTINSNOW	-	· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report not	ilication)
For further information (concerning this matter, please c		
ERIN E WOLLETT		386 428-3311 at ()	<u></u>
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

`ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIFFAMY LLC		2022 CO. 29 PM 3: 58
(Name of the Limi	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L21000252480	iability Company were filed on 06/01/2	021 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our recor ess here:	ds, enter the name of the new registered
Name of New Registered Agent:	ERIN E WOLLETT, ESQ	
New Registered Office Address:	340 N CAUSEWAY	
	Enter Florida s	
	NEW SMYRNA BEACH	, Florida 32169
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
				□Add
				Change
. .				□Add
				Remove
				□Change
				□Add
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			<u></u>	Change
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lf an elfe Note:	ve date, if other than the date of filing:
e record rd is fil	d 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 ed.
Dated .	June 22 2022 Juliany Hattin Show
	Signature of a member or authorized representative of a member
	TIFFANY MARTIN SNOW

Filing Fee: \$25.00