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	PICK-UP WAIT MAIL
·	(Business Entity Name)
	(Document Number)
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## **WALK IN**

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### **COVER LETTER**

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		ON A TIME TENNESSEE, LL	С			
SUBJECT:	T: Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		JACQUELINE R. BOWD	EN GOLD			
			Name of Person			
		RARICK & BESKIN, PA				
			Firm/Company			
		6500 COW PEN ROAD, S	SUITE 204			
			Address	<del></del>		
		MIAMI LAKES, FL 3301	4			
		·	City/State and Zip Code			
		JBOWDEN@RARICKLAY				
		E-mail address: (	to be used for future annual report noti	fication)		
For further	information c	oncerning this matter, please c	all:			
LESLIE PI	CALLO		305 223-0989			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	he following amount:				
₩\$25.00	Filing Fee	☐ \$30.00 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)		
	ailing Addres		Street Address:			
	egistration S	Section Corporations	Registration Sec Division of Cor			
	O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SECRETARY OF	2022 MAY 24	,
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ONCE UPON A TIME TENNESSEE, LLC		2 3
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	9. 0.2
The Articles of Organization for this Limited Liability Company Florida document number L21000267325	y were filed on 06/09/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del> </del>	, Florida	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.

City

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
MGR	LESLIE PICALLO	3140 NE 40 Court	\= Add
		Ft Lauderdale, FL 33308	□Remove
			□Change
MGR	ROBERTO BALMASEDA	8908 SW 151 COURT	□Add
		MIAMI, FL 33196	■Remove
			Change
<del></del>			
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rument's effective date on the Department	of State's records.				
cord specifies a delayed effective date, but	not an effective time	at 12:01 a.m.	on the earlier of:	h) The 90th di	ıv after the
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ed May 25	2022				
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Signature	of a member or authoriz	ed representativ	e of a member	-	

Filing Fee: \$25.00