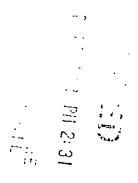
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Office Use Only



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Visite Con Canilla

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tidy LIP Arcfessicual Saniforal Service Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hetra Hill Name of Person
Name of Person
Firm/Company
9K1 Crcssucy Ld Address
Tall PC 32365
City/State and Zip Code Hefra Nilla and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (85) 533, 2023 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (cadditional copy is enclosed) 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

(Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08.10.202 and assigned

Florida document number 2.000.3585 68.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
AMBR	Comercin Jackson	3875 Oak Lane	PAdd Addic 955
		Peny FC. 32348	□Remove
		Peny FC. 32348 914 Crossway Rd	J OChange
AMBR	Comeron Jackson	Tall. PL 32305	□Add
		Address	Remove
			Change
AMBR	Keta Hill	914 Crossuay Pd	🗆 Add
		Tall. FL. 32305	
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Effecti	ve date, if other t	han the date of f	iling:			(optional)	
Note:	If the date inserted:	in this block does r	not meet the a	pplicable statut	ling or more than ory filing requir	90 days after filing.) I ements, this date w	Pursuant to 605,0207 (vill not be listed as t
documo	ent's effective date	on the Department	of State's rec	ords.			
e record rd is file	d specifies a delayed	J effective date, but	t not an effect	ive time, at 12:)] a,m. on the e	arlier of: (b) The	90th day after the
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Dated_	08.12	21					
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Filing Fee: \$25.00