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	CERTIFIED COPY	
ХХ	РНОТОСОРУ	
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	TYCHI LLC (CORPORATE NAME AND DOCUM	MENT #)
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	TYCHI LL	C		
SUBJECT		Name of Lin	nited Liability Company	<u> </u>
The enclose	ed Anicles of	Amendment and fee(s) are sul	omitted for filing.	
		indence concerning this matter	_	
		Irina Roth Neumann. Esq		
			Name of Person	
		Roth Private Advising La	w	
			Firm/Company	
		601 Brickell Key Drive, S	uite 700	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		irina@rothpalaw.com		
		E-mail address: (to be used for future annual rep	ort notification)
For further	information c	oncerning this matter, please c	all:	
Irina Roth	Neumann, Esc	J .	305 798-8	878
	Name of	f Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addresses		<u>Street Addr</u> Registratio	
Di	vision of Co	orporations		f Corporations
	O. Box 632			e of Tallahassee
1 2	llahassee, F	L 34314	2410 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYCHI LLC			
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our rec a Limited Liability Company)	ords.)	<u></u>
The Articles of Organization for this Limited Liability Corida document number <u>L21000378278</u>	Company were filed on <u>08/24/2021</u>		and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	ited liability company here:		
TYCHII LLC			
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbrev	in "L.L.C."
nter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDR	RESS)		<u> </u>
			O β ''' ''''
		7* 4	enight . V is
nter new mailing address, if applicable:		7.44	— ಯ ೄ-್ಮ
	-	nz,	-
Mailing address MAY BE A POST OFFICE BOX)	-		· ··
			.
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>ent</u>	ter the name of	the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ada	tress	
		Florida	
	City		ip 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		·	□ Change
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Effective date, if other than the date of filing: _ f an effective date is listed, the date must be specific and car Note: If the date inserted in this block does not meet document's effective date on the Department of State	t the applicab	o date of filinole statutor	ng or more the	n 90 days af	otional) fter filing.) Pu this date wi	ursuant t Il not b	o 605.0207 e listed as
record specifies a delayed effective date, but not an d is filed.	effective time	oc, at 12:01	l a.m. on the	earlier of:	(b) The 9	Oth day	after the
Pated August 26	2021	_ ,					
Eial Kaplur Frot Factor (Ard. 28.707)	1						
Fight Factor (Auf 26, 2021) Signature of a men		ized represe	entative of a n	nember			_
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