Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553

Fax Number : (305)397-8521

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

Empil Address:

tictoctea@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIC TOC TEA LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

10/0/174

COVER LETTER

TO: Registrati Division o	on Section f Corporations						
TIC T	OC TEA LLC						
Name of Limited Liability Company							
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.						
Please return all cor	respondence concerning this matter to the following:						
	GISELLA M. PONTI TACUNAU						
	Name of Person						
	TIC TOC TEA LLC						
	Pirm/Company						
	2400 E OAKLAND PARK BLVD, SUITE 102						
	Address						
	FT LAUDERDALE, FL 33306						
	City/State and Zip Code						
	TICTOCTEA@OUTLOOK.COM						
	E-mail address: (to be used for future annual report notification)						
For further informat	ion concerning this matter, please call:						
GISELLA M. PON							
N	at () Area Code Daytime Telephone Number						
Enclosed is a check	for the following amount:						
≡ \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional 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

TIC TOC TEA LLC				
(Name of the Lim	Ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	<u></u>	
The Articles of Organization for this Limited I Florida document numberL21000487997	Liability Company were filed on 11	/12/2021	and ass	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company b	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the a	bbreviation "L.)	C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		. 53	
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			<u>13.1 (b)</u>	•
(Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·	
]. <u>.</u>	-
			55 Fi	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, <u>enter the nan</u>	ne of the new	registere
Name of New Registered Agent:	GISELLA M. PONTI TACUNA	U	·	
New Registered Office Address:	2400 E OAKLAND PARK BLV	D, SUITE 102		
Transporter County I transport	Enter Flor	rida street address		
	FT LAUDERDALE	, Florida	33306	
	City		21p 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.

Giselta Ponti Pacinau (Oct 1, 2024 15:18 EDT)

If Changing Registered Agent, Signature of New Registered Agent

· Oat. 4. 2024 5:06PM

Oct. 4. 2024 5:06PM H240CNO. 13595CP. 5

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
AMBR	PONTI TACUNAU, GISELLA M.	2400 E OAKLAND PARK BLVD, SUITE 102	
		FT LAUDERDALE, FLORIDA 33306	□Remove
			□Change
AMBR	TRAN, XUAN	2400 E OAKLAND PARK BLVD, SUITE 102	□Add
		FT LAUDERDALE, FLORIDA 33306	■Remove
			Change
			
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	ite, if other than the date date is listed, the date must be sp	of filing: _ ecific and car	nnot be prior t	o date of filin	g or more tha	opting (option of the contract	o nai) · filing.) Pursi	iant to 60:	5.020
ffective da	date inserted in this block d	oes not mee	t the applica	ble statutor;	filing requ	irements, thi	s date will n	ot be list	ted a
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Filing Fee: \$25.00