N21000490172

| (Requestor's Name) | · · |
|---|---------------|
| (Address) | - |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of S | tatus |
| Special Instructions to Filing Officer: | |
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Office Use Only



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2022 APR -5 PM 2:36 Secal Care

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| Tealiteful SUBJECT: | Tea LLC | | |
|-------------------------------|---|--|---|
| SUBJECT. | Name of Lir | nited Liability Company | |
| | | | |
| The enclosed Articles of | f Amendment and fee(s) are sul | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Anntonette Williams | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 5250 Brownway Street, #1 | 709 | |
| | | Address | |
| | Houston Texas 77056 | | |
| | | City/State and Zip Code | <u> </u> |
| | anntonettew@gmail.com | | |
| For first on informati | | to be used for future annual report notification) | |
| | concerning this matter, please c | all: | |
| Anntonette Williams | | 321 503-9003 at () | |
| Name o | f Person | at () | ımber |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | 00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed) |
| Mailing Addres Registration S | Section | Street Address: Registration Section | |
| Division of C P.O. Box 632 | | Division of Corporations The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F II D

| TEALITEFUL TEA LLC | 2022 APR -5 PM 2: 36 |
|--|---|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.): The state of the |
| | TALL AUASSEE, FL |
| The Articles of Organization for this Limited Liability Company | were filed on 11/15/2021 and assigned |
| Florida document number L21000490172 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| Bawse Management Group LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LI,C" or the abbreviation "L,L,C," |
| Enter new principal offices address, if applicable: | Bawse Management Group LLC |
| (Principal office address MUST BE A STREET ADDRESS) | 1300 W Sam Houston Pkwy S. Suite 100 #326 |
| | Houston, TX 77042 |
| Enter new mailing address, if applicable: | 1329 S Summerlin Ave |
| Mailing address MAY BE A POST OFFICE BOX) | Sanford FL 32771 |
| | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new regist |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | 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 |
|--------------|-------------|-------------|----------------|
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Page 2 of 3

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN 87-3596483 |
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| lf an eff <mark>Note:</mark> | ve date, if other than the date of filing: |
| e red The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | March 30th, 2022. |
| | Signature of a member or authorized representative of a member |
| | A.v. tore He Williams Typed or printed name of signee |