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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
SUBJECT:	ST Collectibl Name of Lin	e) LLC (01d)	nanc)
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		teven Thu. Name of Person	
	S+ (a	Firm/Company	(old name)
	4	kho Schovi Rel Address	
	Lu	City/State and Zip Code	
	Steven, th E-mail address: (to be used for future annual report noti	fication)
for further information c	oncerning this matter, please c	all:	
S Fexen Name o	The. f Person	at (13) 526 Area Code Daytim	o 1 & 0 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	`allahassee

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	2077 MAR -L PM 3:1.1.
(<u>Name of the Limited Liab</u> (A Flori	da Limited Liability Company) SECRETARY OF CRAFF
The Articles of Organization for this Limited Liability	TALL MAR CORE
Florida document number <u>L 21000515 8 21</u>	-
This amendment is submitted to amend the following:	— _ -
A. If amending name, enter the new name of the lir	nited liability company here:
Thai Breaker LLC.	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registere igent and/or the new registered office address here:	ed office address on our records, enter the name of the new register
gent and/or the new registered office address here:	
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or renioved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		 -	□ Add
			□Remove
			□Change
		-	□Add
		-	□Remove
			□Change
			□Add
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ecti	e date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u>	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
um	nt's effective date on the Department of State's records.
r'ora	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
s file	d.
ed .	7/21 2072.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Steven That Typed or printed name of signee