## h21000519326

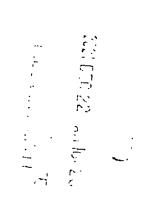
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Tenacious Toddler, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Deonna Augustine Name of Person
Firm/Company
10050 Waltheria Ln
Orlando, FL 32829 City/State and Zip Code
E-mail address: (to be used for future ahmual report notification)
For further information concerning this matter, please call:
Deonna Augustine at (1046) 354-3558  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  □ Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Tenacious  (Name of the Limited Liability Compa  (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000519324</u> .	were filed on December 8 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	(Address is the rune)
(Principal office address MUST BE A STREET ADDRESS)	<del>-</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Address is the same)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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>	Name	Address	Type of Action
AMBR	Deonna Augustine	10050 Maltheria Ln, Orlando, FL 32829	TP/Add
			□Remove
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			□Add
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ffect	ive date, if other than the date of filing:
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	tent's effective date on the Department of State's records.
recor	d 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
l is fil	ed.
ated	December 16. 2021.
	Danie A
	MILIONA MURUILA
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00