122000084218

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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SECRE MACY OF STATE
TAN I ABASSEE, FL

A. BUTLER MAR 2 5 2022

	Registration Se Division of Cor			-		
	Tuxie's Too	otsies, LLC		•	***	•
SUBJEC	T:	Name of Limit	ed Liability Company	·		_
The enclo	osed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please ret	urn all correspo	ondence concerning this matter to	o the following:			
		Natalie A. Roberts				
			Name of Person	I		
		Flagship Law, PLLC				
			Firm/Company			
		2309 S. MacDill Ave.				
			Address			
		Tampa, FL 33629				
			City/State and Zip (lode		
		nroberts@flagshiplawpllc.co E-mail address: (to	m be used for future an	nual report notific	cation)	
For furthe	er information o	concerning this matter, please ca				
Natalie A	. Roberts		813 at (538-2853		
	Name c	of Person	Area Code	Daytime	Telephone Nu	mber
Enclosed	is a check for t	he following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Certified Cop (additional copy	15	Cert Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Addres			et Address:	et a	
	Registration Division of C			istration Sect sion of Corp		
	P.O. Box 632			Centre of Ta		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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2022 MAR 14 PM 3: 26

Tuxie's Tootsies, LLC

(Name of the Limited Liability Company as it now appears on our records.) AN I OF STATE
(A Florida Limited Liability Company)

IALLAHASSEE, FL

The Articles of Organization for this Limited Liabil	ility Company w	vere filed on $\frac{2/22/2022}{}$)	and assigned
Florida document number L22000084218				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	<u>e limited liabili</u>	ty company here:		
N/A				
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designati	ion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	le:	870: Palisades Dr. Tar	npa, FL 33615	
(Principal office address MUST BE A STREET A	ADDRESS)			<u></u>
Enter new mailing address, if applicable:		8702 Palisades Dr., Ta	mpa, FL 33615	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our records	s, enter the name	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	.	Enter Florida stre	et address	
			. Florida	
-		Cly		Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	and complete p red agent as pr istered office a	erformance of my di ovided for in Chapte	ities, and I am fa er 605, F.S. Or, ij	miliar with and Tthis document is
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi	gent and agree and complete p red agent as pr istered office a	Ciy e to act in this capac erformance of my di ovided for in Chapte	ities, and I am fa er 605, F.S. Or, ij	miliar with and Tthis document is

If Changing Fagistered 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
N/A			□Add
			□Remove
			□Change
			□Add
			□Change
		·	□Add
		•	□Remove
			□Change
		-	DPV□
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			☐ Remove
			□Change

N/ 	A
-	
<u></u>	
	·
ffectiv	e date, if other than the date of filing: (optional)
an effec	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocumer	nt's effective date on the Department of State's records.
record Lis file	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
	,
ated _	3/9/22,
_	,
	Signature of a member or authorized representative of a member
	. /
	Typed of printed name of signee

Filing Fee: \$25.00