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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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OF CORPORATIONS

22 APR | | PH | PH | 30

T. MATTHEWS APR 27 2022

### **COVER LETTER**

on rations	
Talor's A	Antique Glassware LLC
nendment and fee(s) are subm	itted for filing.
ence concerning this matter to	the following:
To	Name of Person
Talor!	s Antique Glassware LLC
3335 S. Mella	onuille Ave
Sanfor	J FL 32773  City/State and Zin Code
talor. Nobar E-mail address: (to	City/State and Zip Code  Cl 3000 @ AMail. Com  be used for future applied report notification)
cerning this matter, please call	
M. Robare	at (457) 431 177 S Area Code Daytime Telephone Number
following amount:	
(1) \$30.00 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)
porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Talor's following amount:  Talor's following amount:

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF CORPORATIONS

FILED SECRETARY OF STATE

OF. 22 APR 11 PM 12: 30 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ 2/24/22 \_\_\_\_ and assigned Florida document number L2200098212 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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
AMBR	Jenifer S. Robar	e 3335 Mellonville Ave	
		Sanford FL 32773	DrRemove
			□Change
			□Add
			□Remove
			□Change
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated March 28 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Talor M. Robare
Typed or printed name of signee