L22000126399

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #) ^:
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HOR OCT 28	

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ALLAHASSEE, FLOOR

COVER LETTER

TO: Registration Secti Division of Corpo			•
SUBJECT: C/O N	Moul Filiant Name of Limited	LL Company	
	nendment and fee(s) are submi		
Please feturn an correspond	lence concerning and maker to		
	TIARA	Name of Person	
		Firm/Company	
	1317 Edgewa	M Al 3(140) Address	
	Oclando Z	3 3 80 4 City/State and Zip Code	
	eve. Per 7ect@ E-mail address: (to	3 3 70 4 City/State and Zip Code Colored Combined for future annual report notified	ation)
For further information co	ncerning this matter, please cal	II:	
TIAKA Name of	Person	at (35) 345. Area Code Daytime	2005 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	v as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liability Company we florida document number <u>L 22600136397</u>		1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company," the designation	n "LLC" or the abbrev	iation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records	, enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	ei address , Florida	
	City	, 1 10.10	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
	and and in this canac	in I finither norge	to comply with the

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

H 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	SINDIA HAMIT	1317 Edgewater de	\ _Add
		DNANDO, 72 32804	ZRemove
			🗆 🗆 Add
			□Remove
			[]Change
			□Add
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			□Change
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<u> </u>		
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Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 te inserted in this block does not meet the applicable starutory filing requirements, this date will not be listed the on the Department of State's records.	5.0207 ited as
ne record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00