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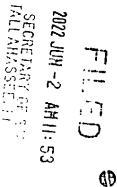
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Тро</u>		nas Handyma ited Liability Company	n LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David	Thomas Name of Person	
		Firm/Company	C1 - C - C - C - C - C - C - C - C - C -
	5719 Baml	oi Dive to the Moderns	AND FEB., 33300
	Lakeland	City/State and Zip Code	}
	Mr. Thomas	City/State and Zip Code 50721 @ Comail to be used for future annual report noti	COM (fication)
For further information c	oncerning this matter, please ca		,
Mame o	NMAS f Person	at (<u>354</u>) <u>494</u>) Area Code Daytim	19 10 Number
Enclosed is a check for the	ne following amount:		
\$1 \$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 S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thomas and Times Handuman IIC

(Name of the Limite	ed Liability Compan A Florida Limited Li	y as it now appears on o	our records.)	<u>~</u>	
The Articles of Organization for this Limited Li	ability Company v	vere filed on 46	15/22	and assigned	
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	the limited liabil			TALL AND THE TALL	
The new name must be distinguishable and contain the w		y Company," the designa	ntion "LLC" or the	abbayation LLC.	
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>			<i>\omega_{\omega}_{\omega} \end{align*}</i>	G,
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	• /	Idress on our record Thomas Ambi Dai	e (330)	me of the new registered	
	_ LAGE	Enter Florida sti LAVO City	, Florida _	3339 1 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 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>	<u>Name</u>	Address	Type of Action
MR	DAUN Thomas	5719 Bombi Drice	XAdd
		Lakeland FL 33809	□Remove
			□Change
			DAdd
			□Remove
		·	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□Change

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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be occurrent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	
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	190 days after filing.) Pursuant to 605.0207
l is filed.	earlier of: (b) The 90th day after the
ated 5/25/22 Signature of a member or authorized representative of a member	ember