L22 000 383 970

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAI (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only





200394798682

(4,14,33447), T4407) **18.55

22 SEP 23 AM O: 17

COVER LETTER

Division of Cor					
	YLER LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHELLE TYLER-RAC	JAN			
		Name of Person			
	MICKEY TYLER LLC				
		Firm/Company			
	4894 WORTHING CIR				
		Address			
	ROCKLEDGE, FL 32955			22 S	
		City/State and Zip Code		22 SEP 23	
	E-mail address: (to be used for future annual report noti	fication)	AH	
For further information c	oncerning this matter, please ca	all:		- Ģ	; :
MICHELLE TYLER-RA	AGAN	at (815) 520)-1472	Topa	
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	us &	

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

Street Address:
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

MICKEY TYLER LLC					
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number L22000383970	ibility Company	were filed on $\frac{08/31/2}{}$	22	_ and assig	ıned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name pass he distinguishable and contain the wa	ede "Limited Liabil	lity Company " the design	nation "I.I.C" or the abbre	rviation "L.I.	<u></u>
Enter new principal offices address, if applica				Tration 15.15.	C.
Principal office address MUST BE <u>A STREE</u>	mend the following: new name of the limited liability company here: nd contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ress, if applicable: BE A STREET ADDRESS) ROCKLEDGE. FL 32955 Poplicable: ST OFFICE BOX) ROCKLEDGE, FL 32955 Poplicable: ROCKLEDGE, FL 32955				
Trincipal office address MOST DL ASTREE				22 \$	7. 7.
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		4894 WORTHINGT	ON CIR	70	
		ROCKLEDGE, FL	32955]=]=	4 q
);-; }:];-
				17	
 If amending the registered agent and/or regent and/or the new registered office address 	•	address on our recoi	rds, <u>enter the name</u>	<u>of the new</u>	<u>register</u>
Name of New Registered Agent:	MICHELLE T	YLER-RAGAN			
New Registered Office Address:	4894 WORTHI	INGTON CIR			
- -		Enter Florida s	street address		
	ROCKLEDGE		, Florida ³²⁹⁵	5	
		City		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>	Name	Address	Type of Action
MGRM	MICHELLE TYLER-RAGAN	4894 WORTHINGTON CIR	
		ROCKLEDGE, FL 32955	Remove
			≅ Change
			
			□Remove
			Change
			□Add
			22 Smove 22
			ندان نها ۱۳۵۸ مورواعات السلطان المسلطان
			G. 63.03 9.447 □ A 444
			Remove
			□Change
			□Add
			Remove
			Change
.			□ Add
			Remove
			□Change

					_
					-
					-
					-
				<u> </u>	-
				<u> </u>	-
					_
			<u></u>		-
					-
				22 SEP	- :-, -:-,
			<u> </u>		- I
			<u></u> .		- 61 - 31
				مِــــــــــــــــــــــــــــــــــــ	- 5
		··· · · · · · · · · · · · · · · ·		7	- 5
	<u> </u>				_
					
S. Alice Alias (C. Alice Alice Alice	d.a6.601:		6	antional)	
ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot ock does not meet th	be prior to date of fil e applicable statuto	ing or more than 90 days ry filing requirements	after filing.) Pursuant to 60)5,020° sted as
ecord specifies a delayed effective s filed.	date, but not an eff	ective time, at 12:0	l a.m. on the earlier o	f: (b) The 90th day aft	ler the
CEDTEMBED 0	202	2			
SEPTEMBER 8					

Typed or printed name of signee