L22000411949

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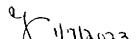


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2022 OCT 17 AM 7: 48
SECONDIAL STATE

17 AM 7:4



COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	ROOM LLC		
SUBJECT:	Name of Lin	sited 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:	
	Corey Bray		
		Name of Person	<u></u>
	LegalNature LLC		Spr
	·	Firm/Company	
	8 The Green Suite 4336		
		Address	··· ······
	Dover, DE 19901		
		City/State and Zip Code	
	Johnmachone 13@gmail.co		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Corcy Bray		888 881-1139 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne following amount:		
\$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	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THE TEA ROOM LLC 2022 OCT 17 AM 7: 48 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETO FOR STAT TALLAHASSEE, FL and assigned The Articles of Organization for this Limited Liability Company were filed on $\frac{09/21/2022}{1}$ Florida document number L22000411948 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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

, Florida

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	John J. Wbecky	2060 NE 23rd Terrace	∃ Add
		Jensen Beach, FL 34957	□ Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
			□Change
		 	□Add
		□Remove	
			□Change
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iecuv	e date, if other than the date of filing: (optional) 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 605.0207
an effec	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
<u>ote:</u> If	it's effective date on the Denartment of State's records
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ote: If ocumer record is filed	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 i.