Division of Corporations

Florida Department of State

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(((H220004235283)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MJS STUFF N THINGS LLC

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Help

COVER LETTER

	egistration Sec ivialon of Corp			
SUBJECT		N THINGS LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		. Cheyenne Moseley		
			Name of Person	·····
		Legalzoom.com, Inc.		
			Firm/Company	
101 N Brand Blvd 11th Fl				
	Address			
		Glendale, CA 91203		•
			City/State and Zip Code	
		shultis.usmc@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	incerning this matter, please co	all:	
Cheyenne	Moseley		800 773-0888 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
□ \$25.00	Filing Fee	S30.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJS STUFF N THINGS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000480736</u>	were filed on 11/09/2022	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:	
Tigers Unlimited Shop LUC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.ISE"
Enter new principal offices address, if applicable:		2 D8
(Principal office address MUST BE A STREET ADDRESS)		
[Tracipal office makes MOST 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 off registered agent and/or the new registered office address here Name of New Registered Agent:		ter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S.	om familiar with and Or, if this document is

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
			□ Add
			Remove
			D Change
			D Add
			5 B
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			🗆 Remove
			☐ Change
			D Add
			Remove
			Change.

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
Note: II th	late, if other than the date of filing: edute 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	12/6/2022 Walth Signature of a member or authorized representative of a member
	Matthew Shulus
•	Typed or printed name of signee

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Filing Fee: \$25.00