

L22000497532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

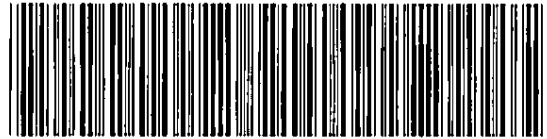
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Date
Sign
Print name

Office Use Only



100427376591

04/12/24--01019--004 **90.00

2024 JUN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

MM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2024

THE PEOPLE TAP TAP LLC
8511 N 46 STREET
TAMPA, FL 33617

SUBJECT: THE PEOPLE TAP TAP LLC
Ref. Number: L22000497532

We have received your document for THE PEOPLE TAP TAP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please date the last page, as well as sign and print your name.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

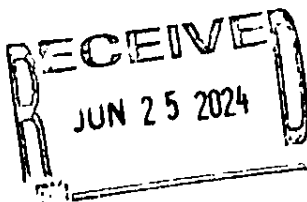
Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00009364

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN 25 AM 8:53

FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The People Tap Tap LLC
Name of Limited Liability Company

The enclosed Articles of Amendment(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bentley Smith
Name of Person

The People Tap Tap LLC
Firm/Company

8511 N 46th St
Address

Tampa, FL 33617
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bentley Smith at (813) 857-4808
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN 25 AM 8:53

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The People Tap Tap

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/20/22 03/28/2024 and assigned
Florida document number 27-5008623 L22000497532

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(Ma Maison N Voiture LLC) Ma maison N Voiture LLC

Please ensure
this is eligible

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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** 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

LA
If Changing Registered Agent, Signature of New Registered Agent

FILED
24 JUN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2024 JUN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

SECRETARY OF
TALLAHASSEE

T

2024 JUN 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FL

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

A Dated 05/09/24 _____, _____

* B. Butler
Signature of a member or authorized representative of a member

* Bentha Smith
Typed or printed name of signee