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(Req	uestor's Name)
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07/24/24--01029--021 **60.00



COVER LETTER

TO: Registration Section Division of Corporation		49 4
SUBJECT: TW	Traveling Bean LLC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Katlin Brown Name of Person	
	Name of Person	
	The traveling Bean 1	LLC
	15091 NE 9th Street	
	Williston, Fl. 37 109U	
-	City/State and Zip Code DrownMa+Lin 1997@9Mail (E-mail address: (to be used for future annual report notification	Com
For further information conc	terning this matter, please call:	
Katin 7		Dhone Number
Enclosed is a check for the f	<u> </u>	«
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & Certificate of Status	S60.00 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{1/23/23}{}$	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	ility company here:	mon Juli 24
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbroach in the second	SHELL 32 VAV
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	15091 NE 9th Williston, FL 32	Strett V910
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent: Kat New Registered Office Address: 150	-lin Brown 191 NE 9th Street Enter Florida street address	
Wills	Storida Storida	3269 Q Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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
MGR AMBR AR	Selina T Pitts	6151 NW 91ST PL	□ Add
AR		_ Chrifland, FL 374	Q W KiRemove
			□Change
_AP	Jared A Pitts	10151 NW 81ST PL	
		Chriffand, F-L 320	2 U Seremove
			□Change
			Петюче
			□Change
			□Add
1 ² ** 40			Петюче
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	3 7/20/24
	Signature of a member or authorized representative of a member

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