L23000053091

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(Address)
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6.1.

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Tie	Shods Produce Name of Limit	tion Room LC	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing	
The enclosed fitteres of	inchament and rector are such	minet for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
		- II	
	Tiest	Name of Person	
		Name of Person	·
	Tiesho	7 Production ?	Joon
	716 Nothing	gham Blud west Pa	Im Beach FL 33405
		City/State and Zip Code	
	Ted 759	-	
	E-mail address: (1	860, Ornal, com	ication)
For further information c	oncerning this matter, please ca		
Tiestra	Small	561 79h-79	217
	f Person	at (561) 396 - 79 Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	≅ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	stion
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee, I		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tiesha's Production Room	- LLC
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) uny)
The Articles of Organization for this Limited Liability Company were filed or Florida document number 92 -2277141.	$\frac{1}{30}$ $\frac{30}{23}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
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:	2.5
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	- · · · · · · · · · · · · · · · · · · ·
	.2
Enter new mailing address, if applicable:	<u>යා</u>
(Muiling address MAY BE A POST OFFICE BOX)	<u> </u>
	- 1
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, enter the name of the new registere
Name of New Registered Agent:	
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 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
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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Difference date	if athor than t	ha data of filingu				(optional)	
If an effective date Note: If the date	e is listed, the date n te inserted in this		annot be prior to dat et the applicable:		re than 90 day	s after filing.) P	ursuant to 605.0207 (ill not be listed as t
rd is filed.	-	tive date, but not a					90th day after the
Dated <u>& /</u>	17/200	Signature of a me					
	Tieth	Signature of a me	ember or authorized	representative o	f a member	<u> </u>	
	Tiech	a Sma	١)				

Typed or printed name of signee