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(Requestor's Name) (Address) (Address)	100409224691
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	11 1 11 11 2023 MAY 24 Alt 7: 85 SEL ALLAN 1991 2020 ALT 7: 85 ALLAN 1991 2020 ALT 3816
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COVER LETTER

TO: Registration Section Division of Corporations

TRIBE HAND MADE ACCESSORIES LLC

SUBJECT: ____

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HEIDY GONZALEZ

Name of Person

Firm/Company

259 MARAVIYA BLVD

Address

NOKOMIS FL 34275

City/State and Zip Code

SALES@SHOPTRIBEBAGS.COM

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

For further information concerning this matter, please call:

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) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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 TO ARTICLES OF ORGANIZATION OF

TRIBE HAND MADE ACCESSORIES, LLC

(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 v	were filed on APRIL 24, 2023 and assigned
Florida document number 123000200100	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
TRIBE HANDMADE ACCESSORIES, U.C.	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
1	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
	addross on our records, enter the name of the new regist

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			2023	
New Registered Office Address:		57.1	2 (11	••••
New Registered Office 7 datess.	Enter Florida street address		~	Ţ,
	Morida	. [] ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	~~. 	
and the state of the second Department		0-1 0-1	3	

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, <u>enter the title, name, and address of each person</u> being adde<u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 🖂 🖓 dd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (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.

If the record 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 record is filed.

MAY 18 Dated	\mathcal{O}_{i}	2023	^		
		Jak	-l		
	1 Sign	ature of a member or aut	thorized representativ	e of a member	
HEIDY J.	GÓNZALEZ				

Typed or printed name of signee

Filing Fee: \$25.00

Article IV

The name and address of person(s) authorized to manage LLC:



Title: MGR HEIDY J GONZALEZ 259 MARAVIYA BLVD NOKOMIS, FL. 34275

Title: MGR MELISSA VERGARA VARGAS 108 170TH ST EAST BRADENTON, FL. 34212

Article V

The effective date for this Limited Liability Company shall be:

05/01/2023

• •

Signature of member or an authorized representative

Electronic Signature: HEIDY J. GONZALEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.