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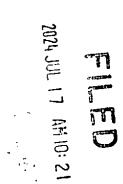
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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Registration Section

TO:

Division of Co	rporations				
THE LASH	H CODDE (MS) TRC				
SUBJECT:	Name of Lim	ited Liability Compan	y.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Tysinambore & Parker				
		Name of Perso	on		
	The Lash Codd & SISILCC				
		Firm/Compan	y		
	5011 S.W.eriirt/St				2021
		Address			
	Plantoity/HL335663				2024 JUL 17
		City/State and Zip	Code		
	Parkeri 1535/166@garilaibo				AH 10: 2
		to be used for future :	mnual report noti	fication)	21
For further information	concerning this matter, please c	all:			
Tyshambrea Parker		813 at {	8 93565 9		
Name	of Person	Area Cod	e Daytin	e Telephone Number	
Enclosed is a check for	the following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Certified Co (additional cop	ppy	Certified	e of Status &
Mailing Addre Registration Division of 0 P.O. Box 63	Section Corporations	Re Di	reet Address: egistration Se vision of Control Control	rporations	
Tallahassee, FL 32314		24		e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LASH CODE US LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparting Horida document number L23000204257	ny were filed on 04/25/2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
TP HOME SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Lic	ibility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <u>-</u> -	——————————————————————————————————————
(Principal office address MUST BE A STREET ADDRESS)		024
Enter new mailing address, if applicable:		
•	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ie name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
ren registere vinto radicos.	Enter Florida street address	
	, Flor	rida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□
			☐ Change
			□ <u>Re</u> move
			□Change
			□Remove
			□ Change
			□Add
		Remove Change C	
			
		<u></u>	□Add
			□Change

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		Typed or printed name o	of signee		

Filing Fee: \$25.00