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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TIKTOK GIGSS LLC Name of Limited Liability Company
Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Treturn all correspondence concerning this matter to the following: Christine Diaz Name of Person Tiktok Glass Luc Firm-Company 433 NW Aoth ST Address Pompano Beach, Fe 33060 City/State and Zip Code Christine 83 drad gmail. Com E-mail address: (to be used for future annual coport notification) Their information concerning this matter, please call: Christine Diaz Name of Person at (954) Area Code Daytime Telephone Number
Please return all correspondence concerning this matter to the following:
Christine Diaz
<u>433 NW AOTHST</u>
Pompano Beach, Fr. 33060 City/State and Zip Code Christine 83 dzw gmail. com
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

IIKTOK G	SIGSS LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 33000360 338</u>	mpany were filed on $\frac{7/31/2023}{8}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u>:ss)</u>
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Plante
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	<u>Address</u>	Type of Action
<u>CEO</u>	Christine Diaz	633 NW 20th Street pompano Beach, Fi 330	[LAG]
			□Remove
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ffective date, if other than the date of filing:	(optional)	
ffective date, if other than the date of filing:	of filing or more than 90 days after filing	;.) Pursuant to 605.020
ocument's effective date on the Department of State's records.	attitudy ming requirements, time and	
record specifies a delayed effective date, but not an effective time, at	: 12:01 a.m. on the earlier of: (b) T	he 90th day after th
is filed.		
ated $9/13/$ 3023		
'Allw_)	
Signature of a member or authorized	representative of a member	