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PISION OF LOFF CARTES

COVER LETTER

SUBJECT: The	- Thread Name of Limi	Shop LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kayla	Wichols Name of Person	
	The Thro	Fim/Company	
	1904 E.	Carol Driv	<u>ve</u>
	Plant C	City/State and Zip Code	3563
	E-mail address: (to be used for future armual report sotific	hoo.com
For further information con	ncerning this matter, please ca	all:	
Kayla Name of	Nichols Person	at (<u>813</u>) 365 Area Code Daytime	O282 Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section Division of Corporations

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

The Threadshop

(A Florida Limited Liability Compart (A Florida Limited Liability Compart)	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23000392395</u>	8/31/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:	<u>್</u>
(Principal office address MUST BE A STREET ADDRESS)	
	<i>ن</i> ا
	- TP
Enter new mailing address, if applicable:	25:
(Mailing address MAY BE A POST OFFICE BOX)	J
·	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ur records, enter the name of the new registered
Name of New Registered Agent:	VICAO13
New Registered Office Address: 1904 East Enter	Florida street address 335 67
City	, Florida 33503 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.

Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Kayla Nichols	1904 E. Carol Dr Plant City, FL 33	Add
		Plant City, FL 33	36 S □Remove
			Change
			□Add
			□Remove
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			Change

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 ectiv	e date, if other tha	an the date of filing:			(optional)	
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cord s file		ffective date, but not a	n effective time, at 12:0	1 a.m. on the earlie	r of: (b) The 90th	n day after th
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	/ N. /// //	Signature of a ma	inber or authorized repres	entative of a member		

☜.

Filing Fee: \$25.00