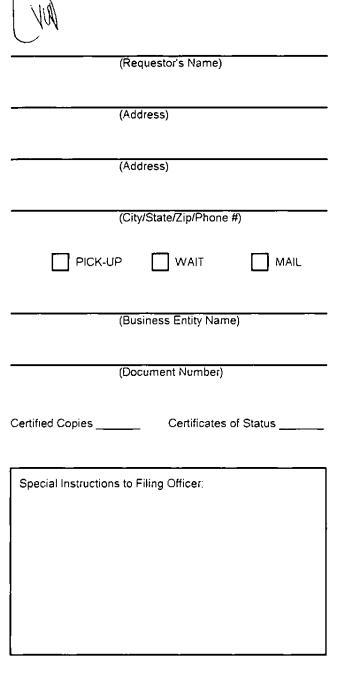
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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C		·	•
CITED AT COM	ees and Things US LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Tammy J Johnson		
		Name of Person	<del></del>
		Firm/Company	<del></del>
	2675 Waring Lane		
		Address	
	Malabar, FL 32950		
	frontporchloops"gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further informatio	n concerning this matter, please c	all:	
Tammy J Johnson		321 591-1248	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
<b>\$</b> 25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Sect	tion
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6		The Centre of Ta	allahassee Street, Suite 810
ramanasset	e, FL 32314	4410 IV. MUHUC	Street, Stitle 010

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet Tees and Things US LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on 09/11/2023	and assigned
Florida document number 1.23000423528		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited I	liability company here:	
ront Porch Loops LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
		F J
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5
duting dutiess MAT BE A TOST OF THEE BOXY		WA P
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registe
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	S
	, Fk	orida
<del></del>	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, 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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<del> </del>			□Add
			□Remove
			Change

## Page 2 of 3

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Effective date, if oth	er than the date of filin	01/15/24 ng:		(optional)	
f an effective date is listed	, the date must be specific an	id cannot be prior to d	late of filing or more the statutory filing req	(optional) an 90 days after tiling.) Pursuar uirements, this date will not	nt to 605.0207 t be listed as
document's effective d	ate on the Department of	State's records.	, ,		
e record specifies	a delayed effective er the record is filed	date, but not a	n effective time	, at 12:01 a.m. on the	e earlier o
The John day are	or the record is the	•			
Dated		2024			
	(10 0	f ,			
	Olymen 1	some	ed representative of a	nember	
	Signature of a	f inclineer or authoriz	ea representative of a t	16,11001	
Tammy J Jo	hnson				
<u></u>		Typed or printed n	ame of signee	······································	<del></del>

Page 3 of 3

Filing Fee: \$25.00