L23000514654

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



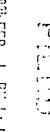


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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	,	
Tidy & Mig	ghty LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alesy Loya		
		Name of Person	
	Tidy & Mighty LLC		
	- ·	Firm/Company	
	891 Marlene Dr		
		Address	
	Ococe, FL 34761		
		City/State and Zip Code	
	alesyloya@gmail.com		
		(to be used for future annual report notification)	2024
For further information c	oncerning this matter, please c	all:	ZOZH FEB
Alesy Loya		407 340-8163 at ()	1
Name o	f Person	Area Code Daytime Telephone Number	PH 4: 17
Enclosed is a check for the	ne following amount:		AE I
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tidy & Mighty, 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 were filed on $\frac{11/14/2023}{1}$ and assigned Florida document number 1.23000514654 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida __

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>	Address	Type of Action
MGR	Kasie Berube	2506 LAKE DEBRA DR APT 8-307	□Add
		ORLANDO, FL 32835	■Remove
			Change
			□ Remove
			□Change
			☐ Ohange
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