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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tac Daddy LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Flyssa Simko Name of Person
Tac Daddy LLC Firm/Company
8709 Sandy Plains Dr
RIVETVIEW FL 33578 City/State and Zip Code tac daddy citystomers and Zip Code
Tac agady customersorvice@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elyssa Simko at 234, 238 2895 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liability Company w Florida document number 99 - 0854101.	ere filed on <u>22</u> JC	in 2024 and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."	,
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 adagent and/or the new registered office address here:	dress on our records,	enter the name of the new rec	<u>zistered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
	Enter Mortaa siree		ر. ر.
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my du ovided for in Chapter	ies, and I am familiar with an 605, F.S. Or, if this documen	ıd

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

Title	Name	Address	Type of Action
MGR	Elyssa Simko	8709 sandy Plains Dr.	DAdd
		Riverview FL, 33578	□Remove
			□Change
AMBR	Elyssa Simko	8709 sandy Plains Dr.	ZAdd
		RIVERVIEW FL 33578	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Rепюче
			□Change
			🗆 Add
			□Remove
			Changa

Addina	Elvssa SII	nko as	odditions	1 owner	
to 700	Elyssa SII Doddy LLC				
io iac	LAUGY LIC	,			
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ve date, if oth	r than the date of filing:		<u></u>	(optional)	
If the date inser	, the date must be specific and c ed in this block does not me ate on the Department of Sta	et the applicable st	atutory filing requiren	days after filing.) Pursuar nents, this date will not	nt to 605.9 t be liste
d specifies a dela ed.	yed effective date, but not a	n effective time, at	12:01 a.m. on the earl	lier of: (b) The 90th d	lay after
May	28	2024.			
3	28 Upstand Signature of a max V SS a Sir	ember or authorized	epresentative of a memb	er	
,	v - Sir	nko			
├ 1	V/224 71				

Filing Fee: \$25.00