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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Tiffany Bra	y LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tiffany Bray		
		Name of Person	
	Tiffany Bray LLC		
		FimvCompany	
	867 W BLOOMINGDALI	E AVE #6682	
		Address	· ·
	BRANDON, FL 33508		
		City/State and Zip Code	
	neighborlyfavors@gmail.ec	orn to be used for future annual report noti	fication)
For further information of	concerning this matter, please e		
Tiffany Bray		586 201-7088	
	f Person	at () Area Code Daytim	ie Telephone Number
		1,112 2,122	
Enclosed is a check for the	he following amount:		2024 F
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation .
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,			e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tiffany Bray 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 $\frac{02/05/2024}{}$ and assigned Florida document number L24000064842 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 "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 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 City

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 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	Tiffany Bray	867 W BLOOMINGDALE AVE #6682	≡ Add
		BRANDON, FL 33508	□Remove
			⊡Change
			□Add
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