

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	± #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Divi	sion of Corpo	rations		
SUBJECT:	Tillk Ter You	LAURE TAIK	To You Later,	UC
		Name of Lin	nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Himos Bhou Shifford	irica Bret Saff	Ford
			Name of Person	
		Tidk To You Later, LLLC	TOUK TO YOU LO	iter, LLC
		8221 Pline Shores Cincle	821 Pine Shores	Circle
		Niew Simynom Ekzach FL. 3	City/State and Zin Code	Beach, FL 32168
		talktoyoullatailla@ganail.co	City/State and Zip Code  City/State and Zip Code  Talk-toyoulater  (to be used for future annual report notice	Ic@gmail.com
For further in	formation con			
Erica Brott S	infformat EVI	ca Brex Saffox	rall:  Section (1999)27/12  Area Code Daytim	689-9272
	Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Thilk The Your Latter, LLC   a	2 To You Later	<i>-</i>	
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L. Florida document number L24000070981	iability Company were filed on	February 08, 2024	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		202
(Principal office address MUST BE A STREET ADDRESS)			7.9
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	ROX)		: ::: ::3
			<del></del>
3. If amending the registered agent and/or agent and/or the new registered office addre		ır records, <u>enter the na</u> r	ne of the new regist
Name of New Registered Agent:	Erica Bret Safford	<del></del>	
New Registered Office Address:			
	Enter	Florida street address	
		, Florida _	
	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.

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
MGR	Erica Bret Safford	821 Pine Shores Circle, New Smyrna Beach,FL32168	□ Add
		<del></del>	□Remove
			Change
MGR	Erica B Kochis		□ Add
			Remove
			□ Change
			□ Add
			□Remove
		<del> </del>	□ Change
	<del></del>	<del></del>	□ Add
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
			□Change
			🖾 Add
			□ Rенюче
			□Change

now be	listed as the registered	agent and manager. P	lease alert me if you	need any additional in	formation.		
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Effective de	ite, if other than	the date of filin	va.		(optio	nal)	
fan effective o Note: If the	date is listed, the date	must be specific an is block does not	d cannot be prior to meet the applica		ore than 90 days after f	iling.) Pursuant to 605.0 date will not be listed	
e record spec rd is filed.	ifics a delayed effo	ective date, but no	et an effective tin	ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after t	the
April	08		2024				
<u>-</u>			·' —	<del>-</del> `			

Typed or printed name of signee