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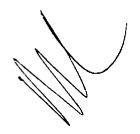
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PICK-UP WAIT MAIL
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COVER LETTER

	Registration Se Division of Cor					
enblez		Comic Cafe 1.1.C				
SUBJEC	.1:	Name of Lim	ited Liabihty Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rei	turn all correspo	ndence concerning this matter	to the following:			
		Michelle Ervin				
			Name of Person			
		Plant City Comic Cafe LL	С			
	•	Firm/Company				
	913 Roux St					
		Address				
	Plant City, FL 33563					
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	er information c	oncerning this matter, please c	all:			
Michelle	Ervin		813 205-0581			
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	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)		
	Mailing Addres Registration S		Street Address: Registration Sec	tion		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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) (A Florida L.	Company as it now appears on climited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000098629</u>	mpany were filed on Februar	y 26, 2024 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	<u> </u>		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:		•	
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 an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agentheing filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my a nt as provided for in Chap	luties, and I am familiar with and ver 605, F.S. Or, if this document is	

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>	Address	Type of Action
Mgr	Michelle Ervin	913 Roux St	
		Plant City, FL 33563	□Remove
			□Change
AMBR	Sherrick Ervin	913 Roux St	■Add
		Plant City, 33563	□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Remove
			Change _
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date. If other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.0207 (3M Natre. If the date inserted in this block does not meet the applicable statutory filing requirements, thus date will not be listed as the document's effective date on the Department of State's records. (Ithe record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the exerd is filed. Dated April 10 2024 Whichelte Envin Signature of a member or authorized representative of a member Michelte Envin		ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8 #99-1658767
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<i>'</i>		Michel Y. Ti
		Signature of a member or authorized representative of a member

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