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Omeny/ Name Change

JUL 1 5 2024 D CUSHING

COVER LETTER

Division of Corporations		
SUBJECT: Tiptoes shows & more		
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:		
Tiffany Felton Name of Person		
Tiptoes shoes + mark Firm-Company		
402 Harrison Street		
Green Cove Springs F1 32043 City/State and Zip Code		
Fent awifee a gmail com E-mail address: we be used for future annual report notification)	<u> </u>	
For further information concerning this matter, please call:		1954 2000 - 100 2000 - 100 2000 - 100
Tiffany felton = 1,904 1640-3792	-1 FI 3:	ا الا الا الا الا الا
J Name of Person Area Code Daytime Telephone Number		*
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

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 as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie Florida document number 12400014488		were filed on Mar	ch 25, 2024 and assigned
This amendment is submitted to amend the follo			2022
A. If amending name, enter the new name of Perit a wifee LLC	the limited liabil	lity company here:	in the second
The new name must be distinguishable and contain the wo		y Company," the designat	ion "LLC" or the abbreviation "L'L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	402 Harrison Green Cove	n St Springs fi 32043
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office ad s here:	ldress on our records	s, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	402 Harr	ison St Enter Florida stre	et address
	Green Cove	Springs city	, Florida <u>32843</u> 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.

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 ______ Change _____ □Remove

_____ □Add

-	
-	
1010.	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor d is fi	d 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 led.
	May 26 2820
Dated	11 (19 29, 2027
Dated	17 ty 29, 2027.
Dated	May 29, 2024 O'Hany Letter Signature of a member or authorized representative of a member

Filing Fee: \$25.00