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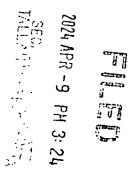
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COVER LETTER

TO: Registration S Division of Co		1	
	orporations		
TLIWM SUBJECT:			
	N	ame of Limited Liabi	lity Company
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) and	e submitted for filing	·
Please return all corres	pondence concerning this n	atter to the following	:
Jasmine Edwards			
·	Name of Person		
TLIWM LLC		<i>\</i>	
	Firm/Company	$\overline{}$	
7402 N. 56th Ste. 355	PMB 2039		
	Address	-	-
Tampa, Florida 33617			
	City/State and Zip Code		-
hello@jasmineaedwa	ds.com		
E-mail address: (to be used for future annual	report notification)	-
For further informatio	n concerning this matter, ple	ease call:	
	.		458-6481
Jasmine Edwards		813 at (
Nam	e of Person	Area Code	Daytime Telephone Number
Mailing Add	ress:		Street Address:
Registratio	n Section		Registration Section
	Corporations		Division of Corporations
P.O. Box 6			The Centre of Tallahassee
Tallahassee	e, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or the following amount:		
		Described to 0	FI S60 Filing Fac
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: ____ SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: L24000149410 THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ਜਿ∕ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Statement: "effective April 25, 2024" Reason the statement is incorrect: it is the wrong effective date. Corrected statement: "effective March 25, 2024" OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)