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(Requ	iestor's Name)	
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COVER LETTER

TO: Registration Sc Division of Cor					
SUBJECT:	Tilt + Top: Name of Lim	S Baccade Lited Liability Company	.LC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Paul	Murphy Name of Person			
	Tilt	+ Tags Barco	de LLC		
	19096	Shalott Ct			
	land o	Lakes FL 3 City/State and Zip Code	4638	2024 OCT SECRET TALL/	say.
	E-mail address: ()	e 88 e gmail. C	lication)	CT 24 ETAR LAHV	
For further information e	oncerning this matter, please co	oll:		ASSEN A OF	! !
Paul (Name o	Mur phy FPerson	at (<u>727</u>) <u>686</u> Area Code Daytimo	- 2084 e Telephone Number	OCT 29 AM 9: 37 RETARY OF STATE LLAHASSEE, FL	bour.
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of State Certified Copy (additional copy is a	atus &	

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 Compa. (A Florida Limited L.	ny as it now appears on our records.)	. <u></u>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400015600</u> 4	were filed on $4/1/2026$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable:	ity Company." the designation "LLC" or the 1338 Epiphan Trinity, Fl		2 5
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	Trinity, Fl	34655	_
(Mailing address MAY BE A POST OFFICE BOX)	Trinity, FL	OCT 29	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	ime of the new registere	<u>t</u> ;
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	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.

1021.411

v. Han	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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		_
		
	ν J m	202
	FALLAI	2024 OCT 29
	TALLAHASSEE, IIII 2024 12:01am	29 AH
Note	effective date in seried, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Purpland of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	တ္ (80 <u>2</u> 9207 (3
fither b) Th	scord specifies a delayed effective date, but not an effective time, at 10:01 a.m. on the energy of the record is filled.	orlier of:
Date	d_ 10/24/24 . October 24, 2024	
	операция от а пилия с от антические переоженать с от а пилия с	
	Paul Murph / Typed of printed name of signee	

Page 3 of 3