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Parties and the commence of th

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Division of Corporations

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From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004

Phone

: (775)329-7721

Fax Number

: (775)376-9207

nter the email address for this business entity to be used for future annual report mailings. Enter only annual report mailings. Enter only one email address please.

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tiffanysoutherngoods@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIFFANYSOUTHERNGOODS, LLC

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From Corporate Service Center Inc 1.702.507.9682 Tue May 7 15:11:18 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ORGANIZATION OF	, ·
TIFFANYSOUTH (Name of the Limited Liability Com (A Florala Limite	HERNGOODS, LLC  THE THE PROPERTY OF THE TECOTOR  THE TRUE THE TRUE THE TRUE THE TECOTOR  THE TRUE THE	<u>+</u> <u>+</u> 
The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Comparting Articles of Organization for this Liability Comparting Articles of Organization for the Organization fo	ny were filed on 04/23/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TIFFANY SOUTH	ERN GOODS, LLC	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		Nickeya v Addalay o o o o o o o o o o o o o o o o o o o
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		21124 11AY
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address h	ere:	
		一番等 字 (7)
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street oddres:	•
	Fig.	orida
	City	Zıp 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 Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 Tue May 7 15:11:18 2024 MDT Page 3 of 4

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□ Add
			Remove
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			D Add
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	NI/A
ote:	ve date, if other than the date of filing: N/A (optional) ctive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
•	
ited	05-07-2024.
<b>-</b>	D. Wares
	auster
	Signature of a member or authorized representative of a member
	Tiffany Usher

Page 3 of 3

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