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COVER LETTER

Division of Corporations			
SUBJECT: Tangi	ble Hybrid Endeavors, LLC Name of Limited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
·			
	Sean Maroldi Name of Person		
	THE CAT CLAM		
	Tangible Hybrid Endeavors		
	P.O. Box 1466 Address Lake Worth FL, 33460 City/State and Zip Code Smaroldi @the-payments.com E-mail address: (to be used for future annual report notification) cerning this matter, please call:		
	Address		
	Lake Worth FL, 33460		
	City/State and Zip Code)	
	Smaroldi@the-payments.com	. <u></u> 	
	ri-mail address: (to be used for future annual report normication)	ι., 	
For further information con	cerning this matter, please call:	10	
Sean M	erson at (973), 715-7478 Area Code Daytime Telephone Number		
Talle III	The Code Transport of		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☑ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ı	
Mailing Address: Registration Se	Street Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tangible Hybrid (Name of the Limited Liability Compa (A Florida Limited)	Endeavors, LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240002000</u>	were filed on April 29, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1466 Lake Worth FL) 33460
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Span Maroldi	931NFS+ Lake W	Orthonda
		FL, 33460	□ Remove
			Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil ote: If the date inserted in this block does not meet the applicable statute becoment's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after th
nted 5/13/24 Signature of a member of authorized repres	W sentitive of a morpher
agnative of a member of authorized repres	remaine of a memori

Filing Fee: \$25.00