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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TALAH HOME RETAIL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JUL 02 2024

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Fex: 8134365206

ARTICLES OF AMENDMENT

	And the second second second second	40			
	ARTICE	ES OF ORGANIZA	TION.		
		OF			
•	Talah Home Retail LLC		22	•*	
		ability Company as it now appe orida Limited Liability Company		- "	·
		_			

To: 18506176383

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000209171</u> .	were filed on 05/03/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3088 Mary St.	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133	
Enter new mailing address, if applicable:	3088 Mary St.	e.
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33133	No. 10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	P
Name of New Registered Agent:		5.
New Registered Office Address:		1
	Enter Florida street address	
	, Flori	
	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.

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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
AMBR	Barros, Ana Luiza	3088 Mary St.	🗹 Add
		Miami, FL 33133	□Remove
			☐ Change
AMBR	Borges Camargo Barros, Ana Laura	2945 Bridgeport Ave.	
		Unit L	□Remove
		Miami, FL 33133	□Change
			□ Add
			□Remove
			☐ ☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change

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D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
<u></u>		
		
		
		
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 Note: If the date inserted in th 	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after fitting.) Pursuan his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	t to 605.0207 (3)(be listed as the
f the record specifies a delayed eff ecord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
Dated July 1	, 2024	
Rolling	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_ _
Robin Jones		
	Typed or printed name of signee	