

L24 000 219 903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

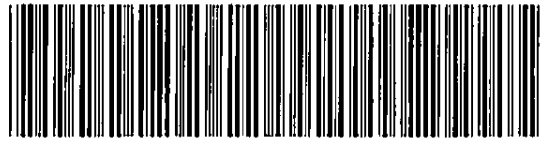
(Business Entity Name)

(Document Number)

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2024 JUL 16 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2024 JUL 16 PM 3:41

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amendment to add Authorized Person and change address

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toshiyuki Kobayashi

\_\_\_\_\_  
Name of Person

Tin Woodman LLC

\_\_\_\_\_  
Firm/Company

569 Broward St

\_\_\_\_\_  
Address

Jacksonville FL 32204

\_\_\_\_\_  
City/State and Zip Code

toshikobayashi1204@gmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Toshiyuki Kobayashi

904 4126610  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

2024 JUL 16 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tin Woodman LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/10/2024 and assigned  
Florida document number 124000219903.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

569 Broward St

Jacksonville FL 32204

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

569 Broward St

Jacksonville FL 32204

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

~~XXXXXXXXXX~~ 

New Registered Office Address:

569 Broward St

*Enter Florida street address*

Jacksonville

, Florida 32204

*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 Changing Registered Agent, Signature of New Registered Agent**

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alyssa June Key	569 Broward St	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Toshiyuki Kobayashi	569 Broward St	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alyssa June Key	569 Broward St	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Toshiyuki Kobayashi	569 Broward St	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF THE  
TALLAHASSEE  
2024 JUN 16 11:31  
FBI

2024 JUL 16 PM  
SECRETARY OF DEFENSE  
TAL

2024 JUL 16 PM 3:41  
SECRETARY OF STATE  
ITALY

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 25, 2024

3. Programme

Signature of a member or authorized representative of a member

**Toshiyuki Kobayashi**

Typed or printed name of signee

**Filing Fee: \$25.00**