L24000239048

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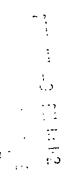




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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: Ten Girls I	ıc		
SUBJECT: Tell Chils I	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	David Roberts		
		Name of Person	
	Registered Agents Inc		
		Firm/Company	
	7901 4th St N Ste 300		
		Address	
	St. Petersburg/FL 33702	City/State and Zin Code	
	agent@floridaregisteredage	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
David Roberts		at (813) 575-1161	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	٠.
Registration S	Section	Registration Se	
Division of C		Division of Cor The Centre of I	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ten Girls LLC		
Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/23/2024	and assigned
Florida document number L24000239048		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		·
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enier rioriau street address	
	, Flor	rida
	- uv	rap 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>	Address	Type of Action
AMBR	Bloxson, Mary	7901 4TH ST N STE 300	■Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	Bloxson, Peggy	7901 4TH ST N STE 300	■Add
		ST. PETERSBURG, FL 33702	□Reniove
AMBR	Robinson, Vicki	7901 4TH ST N STE 300	= Add
		ST. PETERSBURG. FL 33702	□Remove
			□Change
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: If the date is	nserted in this block d ve date on the Departs	loes not meet the app ment of State's recor	licable statutory filin ds.	ig requirements, this	date will not be list
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Filing Fee: \$25.00