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	(Requestor's Name)
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PICK-UP	WAIT MAIL
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	(Document Number)
Certified Copies	Certificates of Status
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Special lasta eticas ta	Filing Officers
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Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations	s ·		1	
SUBJECT: Bringing	n The H	lot Tea L	-LC	
<u></u>	Name of Limite	d Liability Company		-
The enclosed Articles of Amendm	ent and fee(s) are subm	itted for filing.		
Please return all correspondence co	oncerning this matter to	the following:		
	Jame	Name of Person	20	
		Name of Person		
		Firm/Company	<u> </u>	
	170		1	
	1)/	Jines Street	eet	
		TI I		
	-hattahoochei	City/State and Zip Code	32 524 <u> </u>	
1.0	a. 1952 Y @	E Florida City/State and Zip Code gmail, Cam be used for future annual re		
			port notification)	
For further information concernin	•			
	ihelmin	at (<u>\$50</u>)	247-673	
Name of Person		Area Code	Daytime Telephone N	lumber
	,			
Enclosed is a check for the follow	_	□ \$55.00 Eiling Con P.	□ \$60	0.00 Filing Fee,
□ \$25.00 Filing Fee □ \$3	0.00 Filing Fee & lertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cc	rtificate of Status & rtified Copy
		(auditional copy is cheto		ditional copy is enclosed)
Mailing Address:		Street Ado		
Registration Section			ion Section	
Division of Corporal P.O. Box 6327	ions		of Corporations tre of Tallahassee	
Tallahassee, FL 323	14		Monroe Street, S	

Tallahassee, FL 32303

Tailahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bringin The 1	Hot Tea LLC	
	(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records ted Liability Company)	<u>s.</u>)
	rticles of Organization for this Limited Liability Compa a document number <u>L 74000 258 917</u> .	any were filed on <u>6-6-2</u>	and assigned
This ar	mendment is submitted to amend the following:		DEC
A. If a	amending name, <u>enter the new name of the limited l</u>	iability company here:	. 6
The new	Meta Motion Group Liver arms in the works "Limited L	L C	"or the abbreviation "T-\$ C "
	•	 ^ (/)	/
Enter	new principal offices address, if applicable:	James A. Shel	mon o
(Princ	ipal office address MUST BE A STREET ADDRESS	(hotte hos chee	57. F. F. 3224
	new mailing address, if applicable: Ing. address. MAY BE A POST OFFICE BOX)	James A. She P.O. Box 97 Chottahaoche	1- 7- 6, F/ 32324
	amending the registered agent and/or registered offi and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
•			
·,	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street addres	· ·
		, Flo	orida Zip Code
		City	Zip Conc

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = N $AMBR = A$ V	lanager Authorized Member		
Title	Name	Address	Type of Action
H6X	James A. Shelmon	- 132 Jones St	□Add
		Chattohowchae Fl 32124	Remove
			Change
			🗆 Add
•			Remove
1			Change
<u>N</u> 2			DAdd
17. 1551 1771			□Remove
*		<u></u>	□Change
			🗆 Add
			□Remove
			□Change
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		.	□ Remove
N t			□Change
<u>47.1</u>			🖾 Add
			□ Remove
			□Change

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ote: I	ve date, if other than the date of filing:
ecord is file	d 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 ed.
ited .	12-6-24
	Signature of a member or authorized representative of a member James A She Inc. Typed or printed name of signer

Filing Fee: \$25.00