L24000285421

((Requestor's Name)
((Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
((Business Entity Name)
	(Document Number)
,	<u> </u>
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

Spoke WI customer regarding titles of officers. Improper titles have been removed to changes are reflected. 3/3/25

Office Use Only



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COVER LETTER

Division of Corporations					
TIAMA SUBJECT:	T CULTURE LLC				
30b3t.c1.		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
	FELICIA A. SMITH				
		Name of Person			
	TIAMAT CULTURE LL	С			
		Firm/Company			
	102 E NEW HAVEN AV	E. UNIT 139			
		Address	 -		
	MELBOURNE, FL 32901				
		City/State and Zip Code			
	TIAMATCULTURE@OU				
		to be used for future annual report noti	fication)		
For further information	n concerning this matter, please c	all:			
FELICIA A. SMITH		321 806-9420			
Nam	e of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check for	r 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)		
			an.		

Mailing Address:

TO:

Registration Section

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

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

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L24000285421				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liah	oility company here	;	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		102 E. NEW HAVEN AVE, UNIT 139		
		MELBOURNE, FL 32901		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		102 E. NEW HAVEN AVE, UNIT 139		
		MELBOURNE, FL 32901		
P. If amonding the project and a second				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ess_here</u> :	address on our reco	ords, enter the name of the new registe	
Name of New Registered Agent:	FELICIA A. SMITH			
New Registered Office Address:	102 E. NEW HAVEN AVE, UNIT 139			
-	Enter Florida street address			
	MELBOURNE	<u>, </u>	Florida 32901 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the prop	ed agent and agre	ee to act in this cap	pacity. I further agree to comply with	

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 ligibility

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>	Name	<u>Address</u>	Type of Action
AMBR	Felicia A. Smith	102 E. New Haven Ave	IAdd
		Unit 139	□Remove
		Melbourne, FL 32901	=Change
M6R	Felicia A. Smith	102 E. New Haven Ave	Add
		Unit 139	□Remove
		melbourne, FL 32901	🖼 Change
MGR	TIAMAT CULTURE LLC	102 E. NEW HAVEN AVE, UNIT 139	= Add
		MELBOURNE, FL 32901	□Remove
			□Change
AP	Felicia A. Smith	102 E. New Haven Ave	
		Umit 139	□Remove
		gnelbourne, FL 32901	\Z\Change
			OAdd 2025
			ORemov 30 C
			— 12: 3t 13: 3t
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member FELICIA SMITH

Filing Fee: \$25.00

Typed or printed name of signee