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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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LLC Amend



A. RAMSEY
DEC. 17. 2024

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: Thick Ro			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Eliav Boaron	
		Name of Person	
		Tailor Brands Ltd.	
		Firm/Company	
	2261 Market Street STE	22055	
		Address	
	San Francisco, CA 9411	14	
		City/State and Zip Code	
	fl.form@tailorbrands.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	,
Eliav Boaron		at (<u>88</u> 8) 209-2092	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Sec	
P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

ARTICLES OF AMENDMENT TO 2024 NOV 21 PM 12 39 ARTICLES OF ORGANIZATION OF STATE AMENDMENT OF STATE OF THE ORGANIZATION OF STATE AMENDMENT OF STATE

I NICK HOOS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	<u>(ts.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on July 3, 2024	and assigned
Florida document number <u>L24000299:48</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	Υ
		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tara Martuccii	1895 Commodore Dr. Navarre, Florida 32566	□Add
			□Remove
			XChange
AMBR	Tara Martucci	1895 Commodore Dr, Navarre, Florida 32566	XAdd
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Dadd
			□Remove
			DChange
			□Add
			□Remove
			□Change.

o. II ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
If the recor record is fi	I 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.
Dated	October 30
	Signature of a member or authorized representative of a member
	Eliau Boaron Typed or printed name of signee

Filing Fee: \$25.00