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## COVER LETTER

Division of Corporations
SUBJECT: THE TOYD GYPS (1) 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:
Melissa Andrews Name of Person
THE TNKD GYPSY "L.L.C."
6173 Stewart St
Milton FL. 32570 City/State and Zip Code
HeinkagyPsy@gmail.com  E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Meli SSa Andrews at (850) 1502 (6843) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

<del></del>	Ciņ:	, Florida <u>Zip Code</u>
	Enter Florida street ad	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		- '.
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	*LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited li	iability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 2400032280</u> 8	•	
The Articles of Organization for this Limited Liability Compa		2 - 2024 and assigned

## 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
MGR	Wayne Anthony	8369 Edith Ave	□Add
		milton FL. 32570	Kemove
			□Change
MGR	Melissa Andrews	8369 Edith Ave	<b>X</b> /\dd
		milton, FL 32570	□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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ecord is file		delayed e	ffective date	, but not an	effecti	ve time, at	12:01 a.c	n. on the c	arlier of: (	b) The 90	)th day after the
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Filing Fee: \$25.00