

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

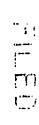


200436195412

09/42/24--01005--015 \*\*30.00

SECRETARY OF STATE

1024 SEP 12 PM 4:



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tidy Tech Solutions LC Name of Limited Liability Com	pany
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Macayla Barnes Name of Pa	erson
Tidy Tech Solution	pany LLC
212 Aldosof Special Dr.	s ·
FISSIMMER FL 347 City/State and 2	<u>ちる</u> Lip Code
+ idy tech solutions (cic) E-mail address: (to be used for futu	oucl . ( 8) re annual report notification)
For further information concerning this matter, please call:	
Managia Barres at (813) Name of Person Area C	3 Ode Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Fil Certificate of Status Certified (additional)	<del>=</del>
Mailing Address:	Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The Tare Solutions 110

Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400364550</u> .	were filed on $\frac{5}{70}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	212 Aldoit Slavery Dr. Kissimmee FC 34758
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee FC 34758
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:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2024 SE SECTION
New Registered Office Address:	Enter Florida street address SSO P
	City ZipCode
New Registered Agent's Signature, if changing Registered Agent:	m <b>–</b>

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 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
HNBE	Macayla Banes	30 familia tracity 215	⊠'Add
		Kissimmer FL 34758	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□ Add
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
,	
if an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	September 6. 2024.
	Signature of a member or authorized representative of a member
	Macayla Barnes Typed or printed name of signee
	Tirond or printed pages of circus