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(((H24000419942 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779

Fax Number

: (305)356-3688

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

F 3 1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARDEN DIVAS LLC

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DEC 2 6 2024

From: Ineissa Quinones

ARTICLES OF AMENDMENT TO

H240004199423

ARTICLES OF ORGANIZATION **OF**

ARTICLES OF OR	RGANIZATION	نم ص
OF	•	
		700 8 7
GARDEN DIVAS LLC		M S FE
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ability Company)	and assigned is
The Articles of Organization for this Limited Liability Company w	ere tiled on 11/13/2024	بن ع and assigned ع
Florida document number 1.24000481251		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne 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 BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

13053563688

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	YENISLEIDYS ALONSO	14526 SW 156TH ST	□Aċd
		MIAMI, FL 33177	■Remove
			□Remove
			Change Add TAR
			AHASSI DReffieve
			#5 F 9
			□Remove
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f an ef Note:	ive date, if other than the date of filing:
e reco ed is ti	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 led.
	ſ
Dated	Signature of a member or authorized representative of a member
	·
	Signature of a member or authorized representative of a member