

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M21000002781

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRAIRIE SMOKE PROPERTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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2022 MAR 21 PM 3:25

APPROVED
AND
FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PRAIRIE SMOKE PROPERTY LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M21000002781

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 03/11/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Tahiti Lime LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Northwest Registered Agent LLC

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg

City

Florida 33702

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

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AND
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2022 MAR 23 PM 3:25

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Morgan Noble

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

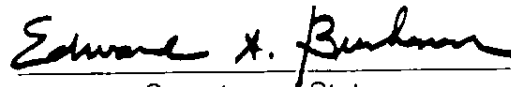
Tahiti Lime LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 20, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000886367**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of March, 2022 at 12:00 PM. This certificate is assigned ID Number 050718317.




Secretary of State



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 03/15/2022 04:48 PM
Original ID: 2019-000886367
Amendment ID: 2022-003604908

Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

(Name must match exactly to the Secretary of State's records.)

Prairie Smoke Property LLC

2. The date of filing its articles of organization: 11/20/2019

(Date must match exactly to the Secretary of State's records.)

3. Article number(s) 1. is amended as follows:

*See checklist below for article number information.

Tahiti Lime LLC

Signature:

Date: 03/03/2022

(Shall be executed by a person authorized by the company.)

(mm/dd/yyyy)

Print Name: Morgan Noble

Contact Person: Morgan Noble

Title: Authorized Individual

Daytime Phone Number: (509) 768-2249

Email: compliance@northwestregisteredagent.com

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

- ☐ Filing Fee: \$60.00. Make check or money order payable to Wyoming Secretary of State.
- ☐ Processing time is up to 15 business days following the date of receipt in our office.
- ☐ Please mail with payment to the address at the top of this form. This form cannot be accepted via email.
- ☐ Please review the form prior to submission. The Secretary of State's Office is unable to process incomplete forms.
- ☐ *Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article. Article number(s) is not the same as the filing ID number.

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **Tahiti Lime LLC**
Old Name: **Prairie Smoke Property LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **15th** day of **March, 2022**



Filed Date: 03/15/2022

Edward A. Buchanan
Secretary of State

By: Anneleisa Renner