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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT OCT 2 4 2016

COVER LETTER

TO:	Registration Section
	Division of Componentic

Division of Corporations

TEALICIOUS TEA HOUSE AND CATERING LLC SUBJECT: ____ 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: MARCOS REZENDE Name of Person CSG -CAPITAL SERVICES GROUP INC Firm/Company 446 W HILLSBORO BLVD Address DEERFIELD BEACH, FL 33441 City/State and Zip Code MARCOS@THEWAYGROUP.BIZ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCOS REZENDE Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & **■** \$30.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEALICIOUS TEA HOUSE AND		
(Name of the Lim	ited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Included In	Liability Company were filed on04/06/2016	and assigned
his amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	- ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
	d/or registered office address on our reco	ords, enter the name of the
egistered agent and/or the new registered (onice address here:	最多型
Name of New Registered Agent:	CSG - CAPITAL SERVICES GROUP INC	BTLED BT 21 P
New Registered Office Address:	446 W HILLSBORO BLVD	700
•	Enter Florida street ado	
	DEERFIELD BEACH	Florida 3344 BA Y
	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, 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	DARIO ISRAEL	4995 W ATLANTIC AVE	■ Add
		DELRAY BEACH, FL 33445	Remove
			☐ Change
MGR	VANIA AMORIM	4995 W ATLANTIC AVE	□ Add
		DELRAY BEACH, FL 33445	■ Remove
			☐ Change
			 Ad d
			☐ Remove
			☐ Change
			Add
			□ Remove
		,	A Sociange
			AHASSEE, TLOR
			2:54 Change
			Add
			□ Remove
			Change

if amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
	10/01/2016	
Effective date, if other t	han the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur	suant to 605.0207
Note: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	
accument b officer of date	on the Bopardinon of State Crowness.	
he record specifies a	delayed effective date, but not an effective time, at 12:01 a.m.	ជាe ទី arlier o
The 90th day after	the record is filed.	2
D 10/11	2016	五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
Dated 10/11		TEP OF S
		FST ?
	Signature of a member or authorized representative of a member	i v

Page 3 of 3

Filing Fee: \$25.00