# L21000013789

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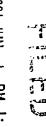
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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/1/2021		4	<b>₩</b> ALK	<i>I</i> N**
ENTITY NAME ANNIEA'	SLLC			<u></u>
DOCUMENT NUMBER				
	**PLEASE FILE THE ATTACHED AND RETURN**	•		
<u>xxxx</u>	Plain Copy Certified Copy Certificate of Status	·	MWALK.	livan
**P.	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN Certified Copy of Arts & Amendments	VT/TY**		
	Certificate of Good Standing		Marian	
	**APOSTILLE' / NOTARIAL CERTIFICATION'	<b>ь</b> ж		
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION				
TOTAL OWED \$25.00	ACCOUNT #: 12	0160000072	. , ,	
Please call Tina at the	c above number for any issues or concerns. T		uch!	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anniea's LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number 1.21000073789	Company were filed on 02-12-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Outer Taste LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our recor	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vss
		21
	City	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

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 = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet	the applicable	ate of filing or more statutory filing r	(option than 90 days after fi equirements, this o	aal) iling.) Pursuant to 605,0, date will not be listed
weather serieuse date on the tre	partition of state	s records.			
e record specifies a delayed The 90th day after the reco		e, but not a	n effective tin	ne, at 12:01 a.	m. on the earlier
06-01 Dated	2:	021			
/s/ Annis U					
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