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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
SEBAS' SUBJECT:	TIAN'S SNACK SHACK, LLC				
SUBJECT:	Name of L	imited Liability Company	-		
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.			
Please return all corres	spondence concerning this matt	er to the following:			
	Frank Quesada				
		Name of Person			
		Firm/Company		2024 SEC	
		2024 APR -1 MM 9: 21 SECRETABLE SEE, FI			
		Address		1553 - <b>그</b> - (,-<	
	MIAMI, FL 33126		,		
	frank.quesada@gmail.com	City/State and Zip Code		: 29 FATE	
	E-mail address:	(to be used for future annual report not	ification)		
For further information	concerning this matter, please of	call:			
Frank Quesada		305 479-8141			
Name o	of Person		e Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S Division of C		Registration Sec			
P.O. Box 632		Division of Corr The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEBASTIAN'S SNACK SHACK, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/16/2024 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the appreviation "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 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: New Registered Office Address: Enter Florida street address

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 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>	Name	Address	Type of Action
MGR	Frank Quesada	850 NW 42ND AVENUE, SUITE 205	<b>≣</b> Add
		MIAMI, FL 33126	□Remove
			□Change
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ffective date, if other an effective date is listed.  Note: If the date inserte ocument's effective date.	a m mis piock do	es not meet (n	ie applicad	date of filing le statutory	or more than filing require	(option 30 days after from this control of the control of th	<b>nal)</b> iling.) Pursi date will r	uant to 60 10t be lis	5.020 ted as
record specifies a delay is filed.	ed effective date, l	but not an eff	ective time	e, at 12:01 a	.m. on the ca	rlier of: (b)	The 90th	day afte	r the
ated March 18	1	. 2024							
	Signatur	e of a member	or authorize	ed representa	tive of a memi	er	<del></del> _	—–	

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