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SECRETARY OF STATE
ANASSEE, FLORID

J. BRYAN

JUN 28 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: TANTALIZING TASTES AND TOURS, LLC 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:
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The cholosed Afficies of Amendment and fee(s) are submitted for fining.
Please return all correspondence concerning this matter to the following:
TASMINE GRAHAM Name of Person
TANTALIZING TASTES AND TOURS, LLC Firm/Company
1929 S. KIRKMAN RD # 123
ORLANDO, FL 328// City/State and Zip Code /MFEELINTAZZY @ HOTMAIL · COM E-mail address: (to be used for future annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TASMINE CRAHAM at (407) 733. 4218 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certificate of Status

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TANTALIZING TASTES AND TOURS, 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 Liab	ility Company were filed on	22 · // and assigned	
Florida document number <u>L//000726</u>		غد	
		でできる。	
This amendment is submitted to amend the follow	ing:	語名で	
		10 m	
A. If amending name, enter the new name of the	ne limited liability company here:	May 2 0	
		the designation "A.E." or the abbreviation	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,	the designation "Like" or the aboreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
	•		
B. If amending the registered agent and/or		records, enter the name of the new	
registered agent and/or the new registered office	e address here:		
		1981). A	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action MGRM 1929 S. KIRKMAN RO #123 ORLANDO, FC 32811 JERRY BACON JERRY BACON 1929 S. KIRKMAN RO#123 ORLANDO, FR 32811 MGR **⊠** ∧dd TASMINE GRAHAM MGR 1929 S. KIRKMAN RD #6123 ORLANDO, FL 32811 □ Add ■ Remove JASMINE GRAHAM 1979 S. KIRKMAN RD # 123 ORLANDO, FL 32811 M6RM ☐ Remove ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6.24.// gnature of a member or authorized representative of a member GRAHAM
Typed or printed name of signee TASMINE

Page 2 of 2

Filing Fee: \$25.00