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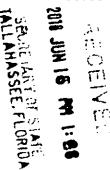
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	gistration Section Sision of Corpor				
end rezer.		out Services, LLC			
SUBJECT:			ted Liability Company		
The enclosed	I Articles of Am	nendment and fee(s) are subr	nitted for filing.		
Please return	all corresponde	ence concerning this matter t	o the following:		
		Miguel Elias			
			Name of Person		<del></del>
		Tic-Toc Takeout Services,	LLC		
			Firm/Company	<u>.</u>	
		15626 61 Pl N.			
		<u> </u>	Address		
		Loxahatchee, FL 33470			
		<del></del>	City/State and Zip Code		<del></del>
	_	mlelias@bellsouth.net			
		E-mail address: (t	o be used for future annual re	eport notification)	
For further i	nformation conc	erning this matter, please ca	11:		
Lourdes Eli	as		305 310-	-8165	
,	Name of Pe	rson	at ()Area Code	Daytime Telephone	Number
Enclosed is	a check for the f	ollowing amount:			
□ \$25.00 I	filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) (	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Tic-Toc Takeout Services, 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 02/18/2014 and assigned Florida document number \_\_\_\_L14000027380 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tic-Toc Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 \_, Florida \_

## 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member									
<u>Title</u>	<u>Name</u>	Address	Type of Action						
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			□ Change						
	***		Add						
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ocum	t's effective date on the Department of State's records.			
	rd specifies a delayed effective date, but not an effective time, at 1 Oth day after the record is filed.	12:01 a.m. on tl	ne earl	ier of
ated _	ne 8 2018			
aicu _	2 / 22			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00