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## **COVER LETTER**

TO: Registration Section

Division of Co	rpoçations		
Beach Bag	gel Cafe Of Daytona LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Erision Tahiraj		
		Name of Person	
	Beach Bagel Cafe Of Day	tona LLC	
		Firm/Company	•
	3344 S. Atlantic Ave		
		Address	
	Daytona Beach Shores, FI	. 32118	
	01:1:1:1:1	City/State and Zip Code	<del> </del>
	erision@hightidekitchenfl.c E-mail address: (	om to be used for future annual report not	dification)
For further information	concerning this matter, please c	all:	
Name of Person		at (	ne Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	action.
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beach Bagel Cafe Of Daytona 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 11/26/2014 \_\_\_\_\_ and assigned Florida document number\_L14000183124 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 abbreviation "LLC." 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 Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

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	Demir Tahiraj	3344 S. Atlantic Ave, Daytona Beach Shores, FL 32	211: <b>≘</b> Add
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			Change
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ee	09/23/2022
an eff lote:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	09/21/2022
ated	
ated	Crision Tahiraj
ated	

Filing Fee: \$25.00