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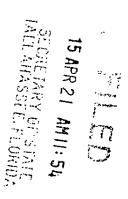
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FROM:

ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61ST STREET COMMERCE, CA 90040

Client Matter#: 9039624

TO:

SECRETARY OF STATE OF FLORIDA

Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Tammy's Gourmet Delights LLC

ATTACH USPS LABEL AND RETURN TO Teng

COVER LETTER

то:		tration Secti ion of Corpo				
CUBI		ГАММҮ'S	GOURMET DELIGHTS	SLLC		
SUBJ	ECT: _		Name of Limite	d Liability Company		
The er	nclosed /	Articles of An	nendment and fee(s) are subm	itted for filing.		
Please	return a	II correspond	ence concerning this matter to	the following:		
			Teng Tran			
				Name of Person		
				Firm/Company		
			5668 E 61st St			
				Address		
			Commerce CA 90040			
				City/State and Zip Code		
			ttran@attorneyscorpse	ervice.com be used for future annual rep	art notification)	
For fu	rther inf	ormation con-	cerning this matter, please call	·	ort notification)	
Ten	g Tran				5487	
		Name of Po	erson	Area Code	Daytime Telephone Number	
Enclos	sed is a c	check for the	following amount:			
\$2	25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified C	of Status &

MAILING ADDRESS:

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

Tammy Gourmets Delights t		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L15000036362</u>	oility Company were filed on 02/26/2015	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Tammy's Gourmet Delights LLC		
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET)	ADDRESS)	**
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	registered office address on our records, ente	er the name of the new
registered agent and/or the new registered offic	ee address nere:	5 A
Name of New Registered Agent:		PR 21
New Registered Office Address:		
	Enter Florida street address	G = 11
	, Florida	著語 5
	Citv	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = · Manager

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
		·	
			Add
			Remove
<u> </u>			□ Add
			□ Remove
			
			Remove
			Add
			☐ Remove

f amending any other information, enter change(s) here: (Attack	i dagilional sneets, if necessary
,	
	** * * * * * * * * * * * * * * * * * *
fective date, if other than the date of filing: c effective date must be specific, cannot be prior to date of receipt or filed date and c date this document is filed by the Florida Department of State)	(optional) (cannot be more than 90 days after
April, 14th 2014	
1 Amontallis	3
Signature of a member or authorized repra	scntative of a member
TAMMY HOLLIS	

Page 3 of 3

Filing Fee: \$25.00

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