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STOR / SELFLORIO

COVER LETTER

• •	tion Section of Corporations		
SUBJECT:	YOMMYYO Name of Lin	mmes 4400 mited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all c	orrespondence concerning this matter	r to the following:	
	CARU	D PAN NEW DECKE Name of Person	5
	<u> youm</u>	140mmos 4400 Firm/Company)
	<u> 7970 Su</u>	MUNLIN LAUB Address	3 04 UNIT109
		City/State and Zip Code City/State and Zip Code Complete Complete Code Complete Code Complete Code Code	
For further inform	E-mail address:	•	fication)
CARLO	PANNEKOECKE Name of Person	at (<u>439</u>) <u>450</u> Area Code Daytim	© 385 @50 Telephone Number
Enclosed is a chec	k for the following amount:		
⋉ \$25.00 Filing	Fee S30.00 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 ADDRESS:

TO:

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

VORMY OF WAR & Y	<u>0U</u>
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the following: This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company version of the liability	vere filed on 05 11 2015 and assigned
The new name must be distinguishable and contain the words "Limited Liability	y 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 off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
- -	City Zip Code
Name Desictored Agent's Signature if changing Desistered Agent'	

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 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 Type of Action <u>Address</u> <u>Name</u> Title 13894 BENTLY CINCLE XAdd WAAT CROMBEZ AMBR FOUTMYERS, FL, 33 912 ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	AMBR, WAAT CROMBEZ IS A NEW 50%
	MEMBER OF YUMMYYUMMIOS 4450 LLC
-	
-	
-	
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-	
(If an eff Note:	ive date, if other than the date of filing: Oh 15 2018 (optional) ective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	01/09/2019
	Signature of a member or authorized representative of a member
	CANLO PANUEUDE CUE Typed or printed name of signee

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Filing Fee: \$25.00