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PICK-UP WAIT MAIL
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(Business Entity Name)
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TECHROSTER

COVER LETTER

Division of Cor			
SUBJECT:	Food T	ours World (_L C
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	·	r. P.ala	
	<u>-</u>	FARUK BIShevac Name of Person	
	c 1 c		
	food Tours	Firm/Company	
	1680 Michigan	Avenue Suite	700
	V		
	Miami BEAch	FL 33139 City/State and Zip Code	·
	51	City/state and Zip Code	
	E-mail address: (SMIAMIRAMAIL.CO	ication)
For further information c	oncerning this matter, please ca	all:	
C	D' 1	30	0 = 3 /
TARUK Name o	Person	at <u>305</u>) <u>537</u> Area Code Daytime	2 Telephone Number
Enclosed is a check for the	ne 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 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

(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L1500097659}$.	were filed on $\frac{CE/C3/2C15}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
A/A	_
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:	N/A For the
(Principal office address MUST BE A STREET ADDRESS)	/ <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new
	LEX Wendell
New Registered Office Address: 1680 M	Chark AVENCE Suite FCC
MIAMI	Bench Florida 33139 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent. Signature of New Registered Agent

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 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

Title	<u>Name</u>	Address	Type of Action
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nent's effecti	ve date on the Department of	State's records.		
ecord speci	fies a delayed effective	date, but not an effe	ctive time, at 12:	01 a.m. on the earli
e 90th day	after the record is filed		,	
a Asso	UST 15	2019		
<u> </u>	7.1 2.1		Alton	
	Signature of :	a member or authorized repre	sentative of a member	
	Cignative (VI)			
		Typed or printed name of	sheyac	·

Page 3 of 3

Filing Fee: \$25.00