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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	





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TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>120210000160</u>: \$60.00 Authorization Signature Judius Tater Salad LLC L15000114811 Business #Document Will wait Walk in Certified Copies of the Articles of Organization Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> \_\_X\_ Amendment \_\_ Profit \_\_\_\_Resignation of R.A. \_\_\_ Not for Profit \_\_\_I.I.C \_\_\_\_Change of Registered Agent \_\_\_\_Dissolution/Withdrawal \_\_\_\_ Domestication \_\_\_ INC Conversion \_\_\_Statement of Authority CORP \_\_ OTHER \_Merger . Amended and Restated Articles REGISTRATION/QUALIFICATIONS OTHER FILINGS \_\_\_\_ Foreign Filing Annual Report \_\_\_\_ Partnership \_\_\_\_Reinstatement \_\_Fictitious Name Statement of CORRECTION \_\_ Statement of Authority \_\_\_\_Domestication of a Foreign Corp. APOSTIL COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:\_\_\_\_\_

2330 CLARE DRIVE

## COVER LETTER

ТО:	Registration Se Division of Cor			
CUDII	TATER SA			
SUBJI	r.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kira DeValle		
			Name of Person	
			Firm/Company	<del>.</del>
		1848 Shore Drive, #203		
			Address	
		South Pasadena, FL 33707	1	
			City/State and Zip Code	
		kirajmd@gmail.com  E-mail address: (	to be used for future annual repo	ort notification)
For fur	ther information co	oncerning this matter, please co		
Kira D			831 334-7- at ()	
	Name of	Person	Area Code I	Daytime Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATER SALAD, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on JULY 2,	2015 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1848 Shore Dr S	30.4
Principal office address MUST BE A STREE		#203	62
		South Pasadena, FL 33	707
Enter new mailing address, if applicable:		1848 Shore Dr S	1
Mailing address MAY BE A POST OFFICE	BOX)	#203	**
		South Pasadena, FL 33	707
B. If amending the registered agent and/or agent and/or the new registered office addressed agent.  Name of New Registered Agent:		ddress on our records	, enter the name of the new regi
	1848 Shore Dr	S,#203	
New Registered Office Address:		Enter Florida stre	et address
	South Pasadena		, Florida _33707
	<del></del>	City	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Nikki M. Tarter	3430 Martell St	□ Add
		New Port Richey, FL 34655	■Remove
			Change
AMBR	Nikki M. Tarter	3430 Martell St	
		New Port Richey, FL 34655	■ Remove
			Change
MGR	Kira DeValle	1848 Shore Dr S	<b>=</b> Add
		#203	Remove
		South Pasadena, FL 33707	□Change
			□Add
			□ Remove
			□Add
			Remove
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		10/02/2024		4 4 15	
CC - 42 1 - 4 - 2 C - 41	he date must be specific I in this block does no	and cannot be prior to da ot meet the applicable	ate of filing or more than	(optional) 90 days after filing.) Pursua ements, this date will no	nt to 605.0207 It be listed as
ffective date, if other an effective date is listed, the late inserted locument's effective date	e on the Department (				
an effective date is listed, the listed of the listed of the listed inserted the listed in the listed in the listed of the liste			at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
an effective date is listed, the locument's effective date record specifies a delayed is filed.  December 26			at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
an effective date is listed, the listed, the listed inserted locument's effective date record specifies a delayer		not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
an effective date is listed, the locument's effective date record specifies a delayed is filed.  December 26	ed effective date, but	not an effective time,			day after the