

L15000114811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

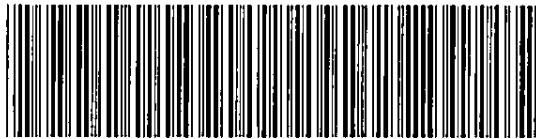
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

88

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TATER SALAD, LLC  
**Name of Limited Liability Company**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kira DeValle

Name of Person

Tater Salad LLC

Firm/Company

1848 Shore Dr S Apt 203

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**Address**

South Pasadena El 33707

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**City/State and Zip Code**

[kira@prostarchs.com](mailto:kira@prostarchs.com)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kira DeValle 831 334-7405  
at ( ) Name of Person Area Code Daytime 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 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

FILED

Tater Salad LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2024 DEC 30 PM 1:49

SECRETARY OF STATE

TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 7/2/15 and assigned  
Florida document number L15000114811.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1848 Shore Dr S Apt 203

South Pasadena FL, 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1848 Shore Dr S Apt 203

South Pasadena FL, 33707

**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:

Kira DeVale

New Registered Office Address:

1848 Shore Dr S Apt 203

*Enter Florida street address*

South Pasadena

, Florida

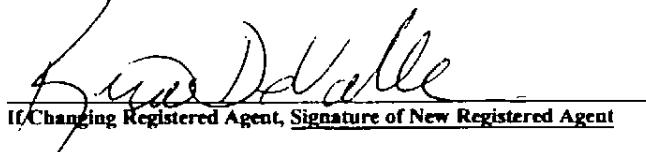
33707

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>	<u>Type of Action</u>
MGR	Kira DeValle	1848 Shore Dr S Apt 203	<input checked="" type="checkbox"/> Add
		South Pasadena, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kira DeValle	1848 Shore Dr S Apt 203	<input checked="" type="checkbox"/> Add
		South Pasadena, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nikki M Tarter	3430 Martell st	<input type="checkbox"/> Add
		New Port Richey, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nikki M Tarter	3430 Martell st	<input type="checkbox"/> Add
		New Port Richey, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

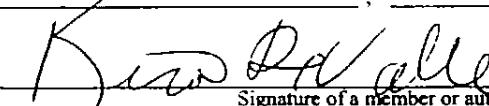
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am familiar with and accept the  
obligations of the position  
-Kira DeValle

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)(b),  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

If the record 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  
record is filed.

Dated December 23rd, 2024

  
Signature of a member or authorized representative of a member

Kira DeValle

Typed or printed name of signee

Filing Fee: \$25.00