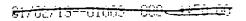
## 45000176762

(Re	questor's Name)	
(,,,	4200tor 0 710th 0,	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

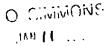


200322347082



01/02/19--01013--023 \*\*25.00





## **COVER LETTER**

	gistration Se- vision of Cor			
SUBJECT:	CFB Royal	Cafe, LLC		
Sobstic 1.		Name of Limi	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Victor W. Holcomb		
		Holcomb & Leung, PA	Name of Person	
		3203 W. Cypress St	Firm/Company	
		Tampa, FL 33607	Address	<del></del>
		nicole@holcomblaw.com	City/State and Zip Code	<del></del>
		E-mail address: (t	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Victor W. F			813 258-5835 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
S25.00 1	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 Liabil (A Florid	lity Company as it now appears on our record to Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability (Florida document number L15000176768	Company were filed on 10/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
TOSS SALADS & WRAPS, LLC		. ~a.
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	1
		5
Enter new mailing address, if applicable:		23 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Name	Address	Type of Action
			□ Add
			□ Remove
		<del> </del>	☐ Change
			□ Add
	•		□ Remove
			☐ Change
	<del></del>		
			☐ Add
			Change
			□ Remove
			Remove
			☐ Change
<del></del>			
			□ Remove
			□ Change

			<del></del> _
		<u> </u>	<u> </u>
	· ·		<del></del>
			5
			J
			2
-			
	<del></del>		<del></del>
			<u> </u>
<del></del>			
ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to dat to does not meet the applicable s	(option of filing or more than 90 days after tatutory filing requirements, this	filing.) Pursuant to 605.020
record specifies a delayed e The 90th day after the record		effective time, at 12:01 a	.m. on the earlier
December 11	2018		
chi La			

Page 3 of 3

Filing Fee: \$25.00