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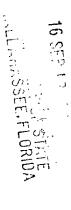
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT:
JOCUMENT. NUMBER L 160 000 5 3643
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
morris HARRAR
WANT TO HOUNT AUGU. TISSERIE FOOD SERVICE
HANGE 2904 E. COMMERCIAL BLID SUITE B HE NAME Address
FIOH RONALD FY LAWDERDATE FL 33308
HATTAY TO City/State and Zip Code
Horris  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: to CHANGE THE SOFESS
Mame of Person  Name of Person  Mark ARAR at (786) 630 0490  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

## TO ARTICLES OF ORGANIZATION OF

	TRUICES LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
(A I fortua Diffused D	addity Company)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
	643
Provide document indimoer	677
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SAME ASAM	E
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	New PRINCIPAL Will be
(Principal office address MUST BE A STREET ADDRESS)	MORRIS HASTAS MY BOTHER
	2904 E. COMMERCIAL BLUD SUITE
	FT. LAUDERDALE EL 33308
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2904 E. COUMERCIAL BLVD SUMP!
	Ft. LAUDERPALE FL. 33308
	ာ
B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
115	S. C.
Name of New Registered Agent:	
1/0	05:
New Registered Office Address:	Enter Florida street address
	Emer r toriaa sireei aaaress
	, Florida
	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

## or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MORRIS HARRAR	2904 E. COMMERIAL BL SUITE B. FT CAUDER FL 33308	'VP ∕ Add
		SUITE B. FT CAUDEL	M.C. Remove
		FL 33308	Change
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			Change
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		ASSEE, FLORIDA	Change  Add  Remove
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ffective date, if other that an effective date is listed, the date inserted in ocument's effective date on	ate must be specific ar this block does not	nd cannot be prior to meet the applicabl	19, 20 date of filing or more e statutory filing re	than 90 days after f	iling.) Pursuant to 60	05.0207 sted as
e record specifies a de The 90th day after th	e record is filed	·	n effective tim	e, at 12:01 a.	m. on the ear	lier o
ated <u>August</u>	29 41	. 20/6				
•	0	11/1/201				
	Signature of a	a member or authoriz	ed representative of	a member		

Page 3 of 3

Filing Fee: \$25.00