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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
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COVER LETTER

	Registration Section Division of Corpor				
SUBJEC	Tasty L	emon LLC			
70131.C	···	Name of Lin	nited Liability Company		
The encl	osed Anicles of An	nendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspond	ence concerning this matter	to the following:		
			LUIS R PEREZ		
			Name of Person		
			TASTY LEMON	LC	
			Firm/Company		
			PLAZA DEL SOL		
			831 W VINE ST.	515 00	
			(ISSIMMEE, FL,	_	
			City/State and Zip Co		
			luis.yadiel@gmail		<u>n)</u>
For fu r th	er information cond	cerning this matter, please o			.,,
Lui	is R Perez		at (407)	496-8052	
	Name of Po	erson	Area Code	Daytime Tele	phone Number
Enclosed	l is a check for the		'		
\$25.0	00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	* * * =	G ADDRESS:		ET/COURIER A	ADDRESS:
		on Section of Corporations		ration Section on of Corporation	s
	P.O. Box	6327	Clifto	n Building	
	Tallahasse	ce, FL 32314		Executive Center (assee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10	*		<i>!</i> ' <
ARTICLES OF ORC	GAŅIZATIO	N	FILE
OF	1	4017	July 2 Chi
Tasty Lemon	LLÇ	13 / 12	AKIL.
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on o	ur records.)	MIL 31 AKII: 48
The Articles of Organization for this Limited Liability Company were	 e fil e d on	06/08/2016	and assigned
Florida document number <u>L16000111132</u>			
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 C	ompany," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		_ <u>. </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office	address on our	records, enter ti	he name of the new
registered agent and/or the new registered office address here:		tetorus, <u>enter e</u>	TO MARIE OF THE ME.
Name of New Registered Agent:	 		
New Registered Office Address:	! 		
	Enter Florida st	reet address	
		, Florida	Zip Code
N	City		Дір Соае
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office ada company has been notified in writing of this change.	formance of my a rided for in Chap	luties, and I am fai ter 605, F.S. Or, if	miliar with and Tthis document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized t from our records:	o manage, enter the title, name, and address o	f each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	NANCY ROSARIO		Add
		12025 FOUINTAINBROOK BLVD 1300, ORLANDO, FL 32825	Remove
			☐ Change
MGR	LUIS R PEREZ		☐ Add
			□ Remove
		1914 ELLERY LN KISSIMMEE, FL, 34746	Change
<u>.</u>			Add
			☐ Remove
			☐ Change
			Repove C
	<u> </u>		Add Co
			Remove
			Change
			D Add
			Remove
			Change

if amending any o	ther information, enter the	ange(s) nere. (An	tach additional sheets, if necessary.)
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			<u> </u>
			
			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			700
		-	
· 			
If an effective date is li Note: If the date in	other than the date of filing: sted, the date must be specific and of serted in this block does not me the date on the Department of Sta	cannot be prior to date eet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as the state of the state
	ies a delayed effective da after the record is filed.	ate, but not an e	effective time, at 12:01 a.m. on the earlier of
Dated	JULY 25	2017	
		101	
	Signature of a m	icmber or authorized r	epresentative of a member
		LUIS R PEF	 RE7
	 ,	Typed or printed name	I

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Filing Fee: \$25,00