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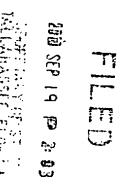
(Requestor's Name)
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OCT - 1 2010 To the contract

COVER LETTER

A TASTE OF HEAVEN LLC SUBJECT: ____ 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: **RAWLINDS BELL** Name of Person RAPID RETURNS LLC Firm/Company 7310 W. MCNAB RD. SUITE 206 Address TAMARAC, FL 33321 City/State and Zip Code RBELL@RAPIDRETURNS.BIZ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAWLINDS BELL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A TASTE OF HEAVEN LLC						
(Name of the Limi	ted Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)				
The Articles of Organization for this Limited L Florida document number <u>L16000126466</u>	Liability Company were	filed on 06/30/2016 and assigned				
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability c	ompany here:				
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STREA	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	(BOX)					
		<u> </u>				
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office office address here:	address on our records, <u>enter the name of th</u>				
Name of New Registered Agent:	RAPID RETURNS L	.I.C				
New Registered Office Address:	New Registered Office Address: 7310 W. MCNAB RD. SUITE 206					
	Enter Florida street address					
	TAMARAC	Florida 33321 Zin Code				
	f	in zin coac				

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>	Address	Type of Action
MGR	NATASHA ALLEN	4520 NW 25TH ST LAUDERHILL, FL 33313	■ Add
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			☐ Change
			O Add
			□ Remove
			Change

f amending any other informatio	n, enter enange(s) nerv			
				
				
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	444			
Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	nt to 605.0207 t be listed as
e record specifies a delayed e The 90th day after the recor	effective date, but no d is filed.	t an effective time,	at 12:01 a.m. on the	e earlier o
ated	2019	·		
Si	Annst gnature of a member or autho	To Ban orized representative of a m	ember	
ANNETTE BARR				
WINDLID DWW	Typed or print	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00