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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	;
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2018

RICHARD N ROSA 335 NE 59TH TERR MIAMI, FL 33137

SUBJECT: SUBS AND SUDS, LLC Ref. Number: L17000174235

Tici. (Vallibel. 217000)74200

We have received your document for SUBS AND SUDS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00008731

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OF CORPORTER

ASSEC, FLORE

COVER LETTER

	egistration Section ivision of Corporations		
JBJECT	: Subs and Suds, ele Name of Limited Liability Company		
	Name of Limited Liability Company		
ie enclos	ed Articles of Amendment and fee(s) are submitted for filing.		
ease retu	rn all correspondence concerning this matter to the following:		
	Richano Rosa Name of Person	_	
	RICHAMO ROSA PA Firm/Company		
	335 NE 59th Terrace Address	-	
			enid
	City/State and Zip Code	ZELLAN OFFICE OF THE SERVICE OF THE	
	E-mail address: (to be used for future annual report notification)	<u>्र</u> िट्रा वर्ष	'n
r further	information concerning this matter, please call:	22	
, <u> </u>	Name of Person at (954) 815-5397 Area Code Daytime Telephone Number	- F	
iclosed is	a check for the following amount:		
\$ 25.00	(additional copy is enclosed) Certific	ate of Status &	
	MAILING ADDRESS: Pagintentian Section Pagintentian Section Pagintentian Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Subs and S	uds, LLC			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears (ited Liability Company)	on our records.)		
ne Articles of Organization for this Limited Liability Comp	oany were filed on	August 15,	2017 and as	signed
orida document number <u>L17000174235</u>				
nis amendment is submitted to amend the following:				
If amending name, enter the new name of the limited	liability company her	2:		
e new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or	the abbreviation "I	L.C."
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRESS	<u> </u>			
			- 34. - 34.9.5 - No.	
				and and
nter new mailing address, if applicable:				CE MANUAL CO.
lailing address MAY BE A POST OFFICE BOX)				
If amending the registered agent and/or registered gistered agent and/or the new registered office address	d office address on o here:	our records, <u>e</u>	nter the name	of the new
gavered agent and of the new registered office address			,,,, , , , , , , , , , , , , , , , , ,	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
·		, Florid		
	City		Zip Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the voisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager MBR = Authorized Member itle Name Address **Type of Action** AMBIL ANTHONY LAMOLA PO BOX 2366 □ Add FT Levelandele FL 33303 **E** Remove ☐ Change Po Box 2366 SAMANTHA DRIBLANGHI AMBR ☐ Add Francisco R 33703 Remove _ Change RICHAND ROSA Amon Po Box 2364 _□ Add For LANDERDAR, R 33333 🆪 Remove ☐ Change □ Add □ Change O ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Filing Fee: \$25.00