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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT:	Name of Limi	ted Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KHALED MOUSA		
		Name of Person	····
	TAZA FOODS LLC		
		Firm/Company	
	11091 GLENWOOD DRI	VE	
		Address	~
	CORAL SPRINGS, FL 33		
		City/State and Zip Code	······
	TAZAFOODSLLC@GMA	IL.COM to be used for future annual report notifi	cution)
For further information of	concerning this matter, please ca		
KAL	•	954 701-5643	
	of Person	at () Area Code Daytime	Telephone Number
Name	777 0.300	7.000 2000	
Enclosed is a check for t	he following amount:		
\$25.00 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_
<u></u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida_

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>	<u>Address</u>	Type of Action
AMBR	KHALED MOUSA	11091 GLENWOOD DRIVE	□ Add
		CORAL SPRINGS, FL 33065	☐ Remove
AMBR	NOUR AL BAKRY	11091 GLENWOOD DRIVE	□ Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
			Add
			☐ Remove
			Add
			☐ Remove
			□ Remove
			Change
			D Add
			☐ Remove
			□ Change

, n am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
D <u>ate</u> c	<u>12/18/</u>
	\rightarrow $(M)''$
	Signaliance a member or authorized representative of a member
	KHALED MOUSA, MEMBER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00