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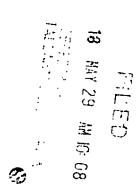
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COVER LETTER

TO: Registration S Division of Co		
QUICK B	BITES, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	SISSE FERGUSON	
	Name of Person	
s.	QUICK BITES, LLC C/O ISHAL & TAHMID FOOD STORE INC.	
	Firm/Company	
••	901 W BUSCH BLVD	
	Address	
	TAMPA, FL 33612	
	City/State and Zip Code	
	SISSE@FINANCIALANDTAX.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
SISSE FERGUSON	813 442 9667	
Name	at () r of Person Area Code Daytime Telephone	Number
Enclosed is a check for (the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICK BITES, LLC	
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 04/24/2018 and assigned
Florida document number L18000107511	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
•	ां छे
Enter new mailing address, if applicable:	C/O ISHAL & TAHMID FOOD STORE INC.
Muiling address MAY BE A POST OFFICE BOX)	901 W BUSCH BLVD
	TAMPA, FL 33612
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of t
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. 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

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
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<u>lote:</u> If the date inserted in this	block does not meet the applicable s Department of State's records.	tatutory filing requirements, thi	s date will not be lis	ted as
e record specifies a delay The 90th day after the r	ed effective date, but not an ecord is filed.	effective time, at 12:01	a.m. on the earli	ier o
ated	2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00