

L18000209218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

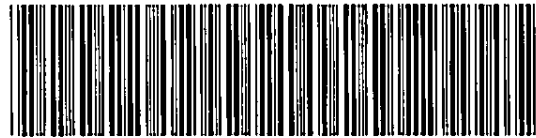
(Business Entity Name)

(Document Number)

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DEC 04 2018

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: V&B's Soulfood Palace, LLC

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:

Isabella Armstrong

Name of Person

V&B's Soulfood Palace, LLC

Firm/Company

1090 WEDGEWOOD LANE

Address

Titusville FL 32780

City/State and Zip Code

mrz.bella@yahoo.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Isabella Armstrong

Name of Person

at (321) 458-5171

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

V&B's Soulfood Palace, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000209218.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sadit'tees, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Northwest Registered Agent, LLC.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

City

Florida 33607

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>	<u>Type of Action</u>
AMBR	Walter E Thomas Jr	1090 Wedgewood lane	<input type="checkbox"/> Add
		Titusville FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Danylena Collins	1770 Windlover Oaks Circle	<input checked="" type="checkbox"/> Add
		apt. 138	
		Titusville FL, 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 NOV 26 PM 12:21
SECRETARY OF STATE
FALL WADSWORTH FLORIDA

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2018 NOV 26 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Isabella Armstrong
Signature of a member or authorized representative of a member

Isabella Armstrong
Typed or printed name of signee