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COVER LETTER

FO: Registration Sec Division of Cor	ction porations	•	
Total Spice	Company, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subr		57
·	Alex Thomas		211 APR - T
	Total Spice Company, LLC	Name of Person	ابي) الم
	81 Hammock PL SE	Firm/Company	
	Atlanta, GA 30312	Address	
	alex.o.thomas@gmail.com	City/State and Zip Code	<u></u>
	E-mail address: (to be used for future annual report notifi	cation)
For further information o	oncerning this matter, please ca	all:	
Alex Thomas		215 520-8308 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Total Spice Company, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on o hability Company)	ur records.)	
The Articles of Organization for this Limited Literida document number L19000049301	ability Company	were filed on <u>02/19/20</u>	19	_ and assigned
his amendment is submitted to amend the folk	owing:			
a. If amending name, enter the new name of			u nna	
he new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designa	tion "LLC" or the abbre	र्धुञ्जोon "L.L.C."
Enter new principal offices address, if applicable:		13470 S.W. 131st Str	eet, Miami, FE 33180	576 TI
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
		13470 S.W. 131st Str	eet, Miami, F173318	
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered o ffice address her Alex Thomas	ffice address on our e:	records, enter th	ne name of the
	13470 S.W. 13	11st Street		
New Registered Office Address:		Enter Florida st	reet address	
	Miami		Florida 3318	36
		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>	Address	Type of Action
MGR	Herman D. Lue	12221 SW 104TH TER. MIAMI. FL., 33186	Add
			Remove
			Change
AMBR	DEBDER, LLC	12221 SW 104TH TER, MIAMI, FL, 33186	Add
			Remove
			Change
			□ Add
			Remove
			D Add
			Remove
			□ Change □ Add
			□ Remove
			□ Change
			Remove
			Change

				
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			ORIGA	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's respective.	e applicable statutory	or more than 90 days at	otional) fler filing.) Pursuan this date will not	t to 605.0207 be listed as
e record specifies a delayed effective date, t The 90th day after the record is filed.	but not an effecti	ve time, at 12:0:	1 a.m. on the	earlier of
Dated 201	9			
Le				
Supartire of a member	or authorized represent	tative of a member		_ _

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee