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COVER LETTER

TO:	Registration So Division of Co			
	A Little To			
SUBJI	ECT:	Name of Lan	nited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspo	ondence concerning this matter	to the following:	
		Đan Yadgai		
			Name of Person	
		A Little Taste LLC		
			Firm Company	
		1418 Mariner Way		
			Address	· · - · · · · · · · · · · · · · · · · ·
		Hollywood, FL 33019		
			City State and Zip Code	
		dan@alittletaste.com		· · · · · · · · · · · · · · · · · · ·
**			to be used for future annual re	port notification)
For Iur	ther information c	oncerning this matter, please c		
Dan Y			786 547- ar ()	
	Name o	d Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for t	he following amount:		
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclo	Sed) S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registratio Division o Clifton Bu	Corporations

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Little Taste LLC

FILED

(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 June 19, 20	and assigned
Florida document number L19000161783		SECRETARY OF STATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tice address on our re	cords, enter the name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dution of my dution of the provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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	EYAL YADGAR	AVENIDA AVILA DE LOS DO	9 <u>5</u> □ Add
		CAHINOS, EDIFICIO LOS	☐ Remove
		CHORROS PLAZA 13A CAMA	CAS ■ Change
	<u> </u>	——————————————————————————————————————	
			□ Remove
			Change
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Note:	tive date, if other than the date feetive date is listed, the date must be s. If the date inserted in this block chent's effective date on the Depart	c of filing:
	cord specifies a delayed eff e 90th day after the record	ective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.
Dated	JULY 19	2019
	- John	atuse of a member or authorized representative of a member
	DAN YADGAR	

Page 3 of 3

Filing Fee: \$25.00