## L19000293392

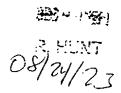
(Requestor's Name)
(Address)
(Addless)
(Address)
(Cit.)(Ctata (7) a (Chana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dukinga Fakk Mana)
(Business Entity Name)
(Document Number)
Control Conso
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to 1 ming Officer.
<u> </u>

Office Use Only



500414311025

08/24/23--01011--002 \*\*30.00



## **COVER LETTER**

TO: Registration Section, Division of Corporations	•	· · · · · · · · · · · · · · · · · · ·
SUBJECT: TYSPRO	UD LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amendment a		
Please return all correspondence concer	ning this matter to the following:	
IR	ISHA MOARISONI Name of Person	
	JUSPROUD LLC Firm/Company	2023
274	9 Portchester Court	2023 AUG 24
k155	SIMMILE, FloRIDA 347 City/State and Zip Code	PH 12: 40
Mox	City/State and Zip Code  S21500-1215/1936 & Yahoo. C  E-mail address: (to be used for future annual report notification)	on)
For further information concerning this	matter, please call:	
IBISIID MURRIS O Name of Person		ephone Number
Enclosed is a check for the following a	mount:	
	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	n

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000293392</u> .	were filed on 12	L-09-2019	_ and assigned	l
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :		
Yummy Tummy Vending Li The new name must be distinguishable and contain the words "Limited Liabi	LC	eienneies vII C'' or sky akke	uniation "L. L. C."	
The new name must be distinguishable and contain the words "Limited Liabi	_	_		
Enter new principal offices address, if applicable:		Poatchester		
(Principal office address MUST BE A STREET ADDRESS)		mmee Floi		
	347	14.4		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2021 AUG 21	OSA PROPERTY
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, enter the name	of the new reg	istered
		RG17C1S Lex Court ida street address	0	
Kissim	TINE C.	, Florida	3 4744 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
AMBR	Mamar Francis	2749 Poolchester of Kissimmer KI 34744	XAdd
<del>I</del> MBR			□Remove
			□Change
			□Add
			□Remove
			Deange University
			THE PROPERTY OF STATE OF STATE OF CORRESPONDENCE OF CORRESPONDENCE OF STATE
			□Remover (S
			🗆 Classinge 😤
			□Add
			□Remove
			□Change
<del></del>			🗆 Add
			🗆 Remove
			□Change
			□Add
			Remove
			□Change

	<del></del>						<del></del>	<del></del>	<del></del>	
<u></u>			<del></del>		<u> </u>					
<del></del>			<del></del>							
						<del></del>		<u>-</u>		
									<del>~~</del>	Ξ
									123	<u> </u>
		<u> </u>				<del></del>			au	27
	<del></del>			<del>-</del>					<u>~</u>	H 2
									70	0.00
					<del></del>				H 15:	03.5
<del></del>	_ <del>_</del>			<u> </u>					Į.	
					=				<u> </u>	
<del></del>		-								
		una-								•
							<del>, -</del>			
		_						_		
	<u> </u>				. <u> </u>	<del></del>				
ffective date, if	other than the	date of filin	ıg:				(optiona	l)	n =	
an effective date is lote: If the date i	listed, the date must nserted in this blo	, be specific an ock does not	id cannot be p meet the ap-	rior to date of olicable stati	filing or more itory filing r	than 90 da equiremer	ys after film its, this da	ig.) Pursuar te will not	nt to 605 t be list	5.020 .ed a
ocument's effecti	ve date on the Do	partment of	State's reco	rds.	, .	,				
	delayed effective	e date, but no	t an effectiv	e time, at 12	2:01 a.m. on	the earlie	of: (b)	The 90th o	lay afte	r the
l is filed.										
A	. / 0	í	200	~						
ated <u>Clug</u>	<u>UST 21</u>		. 202.	<u>.                                    </u>						
! /		/ )	A Lai	1.0.1	<i>a</i> .					
	11.									
	- Mu	Signature of a	member or a	uthorized rep	resentative of	a member			· <del>_</del>	