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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TASTE BUDS CC LLC

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Page Count	05
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Help

TO:

Registration Section

COVER LETTER

Division of Co	orporations	
TASTE E	BUDS CC LLC ·	
Jeborer.	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:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com. Inc.	
	Firm/Company	
	101 N Brand Blvd 11th Fl	
	Address	
	Glendale, CA 91203	
	City/State and Zip Code	
	patricksamar360@gmail.com	
	1:-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:	
Cheyenne Moseley	800 773-0888	
Name o	at (none Number
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status	S60.00 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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TASTE BUDS CC LLC		
(Name of the Limited I.	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 03/23/2020	and assigned
Florida document number 1.20000087645		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Heat Off The Street Catering E.I.C		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)		
Maning address MAT BE A FOST OFFICE BO	<u> </u>	~2
		22.23
B. If amending the registered agent and/or a	registered office address on our records,	enter the name-of the ne
registered agent and/or the new registered office	address here:	0 :
		0 P
Name of New Registered Agent:		
New Registered Office Address:		ंं
	Enter Florida street address	
_	Flori	da
	Cuy	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

From: Sylvia Paull

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	lanager authorized Member		
<u>T'itle</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
	<u> </u>		
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
	·		Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·
	•
<u> </u>	
•	
Effective date, if other than the date of filing:	(3)(b

To:

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Filing Fee: \$25.00