LZ0000092346

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		a .	•			
	d Guys LLC	•				
SUBJECT:	Name of Lin	ited Liability Company	-			
		. 10 001				
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Christopher Barth					
	~	Name of Person				
	Tasty Food Guys LLC				i Al	3
		Firm/Company			i	,
	7719 Great Oak Drive					; } •
		Address				
	Lake Worth, FL 33467					
		City/State and Zip C	ode	<u>.</u>		
	guy@tastyfoodguys.com	to be used for future an	nual report polific	ation)		
for further information c	concerning this matter, please c		adar report norme	acioni		
Christopher Barth		703	488-8423			
Name e	of Person	at (at Code	Daytime 1	l'elephone Number		
inclosed is a check for t	be following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing I Certified Cop (additional copy)	у	Certified C	of Status &	
<u>Mailing Addres</u> Registration			et Address: istration Sect	ion		
Division of C		Div	ision of Corpo	orations		
P.O. Box 632			Centre of Ta	llahassee Street, Suite 81	O	
Tallahassee.	rL 52514	241	J IN. IVIONFOC	Succe Suite At	v	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)		
The Articles of Organization for this Limited I		ed on 03/30/2020	a	nd assigned
Florida document number 120000092346	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability com	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "LLC" o	or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:			202
Principal office address MUST BE A STRE	ET ADDRESS)		= = = = = = = = = = = = = = = = = = = =	23
			<u>2</u> \$	•
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Carrier addition of the state o				-:
Enter new mailing address, if applicable:			- 	
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
		<u> </u>		
3. If amending the registered agent and/or egent and/or the new registered office address Name of New Registered Agent:		on our records, <u>enter th</u>	ne name of tl	ne new regis
Name of New Registered Agent.		 		
New Registered Office Address:	7719 Great Oak Drive	r r r		
		Enter Florida street address		
	Lake Worth	Flor	ida <u>33467</u>	<u> </u>
	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 amending Anthorized 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>	Name	Address	Type o	of Action
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			OCH	ange
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ctive date, if other than the da effective date is listed, the date must be	ite of filing: e specific and cannot be prior	to date of filing or more the	(optional) nan 90 days after filing.	Pursuant to 605.020
e: If the date inserted in this block	c does not meet the applica	able statutory filing rec	uirements, this date	will not be listed a
ament's effective date on the Depa	iriment of State's records.			
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ord specifies a delayed effective defiled.	are, this firm an effective ti	me, at 12.01 a.m. 00 ll	e earner or, (0) - 110	c zom day anter in
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Sie	gnature of a member or author	orized representative of a	member r	i
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