## K20000124195

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
	TASTE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	nondence concerning this matter	to the following:	
	REYNIER GARCIA		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	NATION TASTE LLC		
		Firm/Company	
	8231 NW 5TH LANE AP	T 269	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	
	BABYSHARKFT@GMAI	LCOM (to be used for future annual report no	ification)
For further information	concerning this matter, please c	·	
REYNIER GARCIA		305 748-3628	
Name	of Person	at ()	nc Telephone Number
		<b>2.17.1.</b>	ine receptions realized
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATION TASTE LLC

(Name of the Limited Liability Company as it now appears on our Records:) | PM |: 38 The Articles of Organization for this Limited Liability Company were filed on 05/07/2020 and assigned Florida document number <u>L20000124195</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3880 NE 6TH AVE APT 407 Enter new principal offices address, if applicable: MIAMI, FL 33137 (Principal office address MUST BE A STREET ADDRESS) 3880 NE 6TH AVE, APT 407 Enter new mailing address, if applicable: MIAMI, FL 33137 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: REYNIER GARCIA Name of New Registered Agent: 3880 NE 6TH AVE APT 407 New Registered Office Address:

## 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.

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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