## L20000158399

(Req	uestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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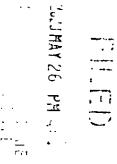
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
CUBIFOT.	Sir Food LI	L.C			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Amy Marie Vo, Esq.			
			Name of Person	<del></del>	
		St. Johns Law Group			
		<del></del>	Firm/Company	<del></del>	
		104 Sea Grove Main Stree	t		
		<del></del>	Address		
		St. Augustine, Florida 320	80		
			City/State and Zip Code		
		avo@sjlawgroup.com			
		E-mail address: (	to be used for future annual report n	otification)	
For further in	iformation c	oncerning this matter, please c	all:		
Amy Marie	V <sub>O</sub>		904 495-0400 at ( )		
	Name of	f Person		ime Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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)	
	ling Address		Street Address: Registration S	Section	
Div	ision of C	orporations	Division of Corporations		
	Box 632		The Centre of		
Lal	lahassee, F	L 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sir Food LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
he Articles of Organization for this Limited Liability Compar	ny were filed on 06/08/2020	and assigned
orida document number L20000158399		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		ر <u>.</u>
Principal office address MUST BE A STREET ADDRESS)		7
		26
		7
nter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)	Ţ	1 <u>-</u> ; +
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		<del></del>
New Registered Office Address:	E - El - I	
	Enter Florida street address	
		Zip Code
	Car	zin Coae

## 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
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		Aventura, FL 33180	□Remove
			Change
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			□Add
			□Remove
		<del></del>	□Change
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an effective date is list of the instant of the date instant of th	sted, the date must be specified in this block d	pecific and cannot loes not meet t	ot be prior to dat he applicable <i>s</i>	e of filing or more	than 90 days after	filing.) Pursuant to 60	)5.0207 sted as
ocument's effective	e date on the Depart	ment of State's	s records.				
record specifies a c	lelayed effective date	hut not an at	Fastiva tima - n	. 12:01 a.m. on	the applies of th	The NOth day of	
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