L20000 206296

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



700349316787

08/03/20--01031--020 ++25.00

SEP 1 - 2020

D CUSHING

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	EXAS RAST	AS Y Snack	SLLC		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Tai	na Jaimes Name of Person			
		Firm/Company Data Nia			
		Address			
	West Po	City/State and Zip Code City/State and Zip Co	33413 L. COM	20 AUG -3	SECRUTARY
For further information co	ncerning this matter, please c	J		PH	RP 0: S
Name of	Jaimes	a,56el, 355-	7826 Telephone Number	- 3: 21	RY OF STATE CORPORATION:
Enclosed is a check for the	e following amount:		•		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &	
Mailing Address		Street Address:	ion		

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

lexas Ra	spas y snacks LLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L2000 20 &</u>	
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:	20 A
(Principal office address MUST BE A STREET AD	DRESS)
	<u> </u>
Enter new mailing address, if applicable:	PH 3: 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	<u>Address</u>	Type of Action
AMBR	Taina Jaimes	Leleolo Patricia Dr	
		West Palm Beach, FL	□Remove
		33413	Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
-	
(If an effective Note: If	e date, if other than the date of filing:
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
Dated	July 29 2020
	Jano Jamo
	Signature of a member or authorized representative of a member
	Taina Jaimes Typed or printed name of signee