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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (727)914-5090

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

Email Address: info@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TASTY HANDS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TASTY HANDS L	LC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L20000303780</u> .	on09/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,	" the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the na</u>	me of the new registers
Name of New Registered Agent:		2 2
New Registered Office Address: Ent	ter Florida street address , Florida	CO PH
City	, FIOISUB	22 Zip Code
New Registered Agent's Signature, if changing Registered Agent:		P

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>Titlę</u>	Name DDADVA(T) I	Address	Type of Action
MGR	BRADWELL, KERRISA	8701 NW 25 AVE	□Add
		MIAMI, FL 33147	□Remove
			Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			CRemove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated OCTOBER 28 2022
Kerrisa Bradwell Signature of a member or authorized representative of a member
BRADWELL, KERRISA Typed or printed name of signee

- From Lupa Enterprices Inc 1.727.914.5090 Fri Oct 28 19:21:31 2022 UTC Page 4 of 4

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