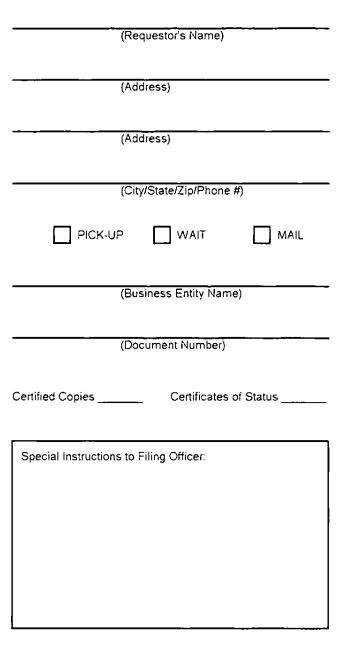
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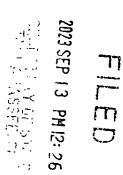






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09/13/23--01009--009 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOSTY NUTZ - N - STUFF UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dimestra N Stcay Newson	
Finn/Company	
1107 Jacob FAC	
LOKCIONCI FI 33805 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)	tus &
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12.1000136	were filed on 2 · 10 · 207.1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Sik Aroma Correct Define the new name must be distinguishable and contain the words "Limited Liabil."	or Lic.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	500 S. FIOTIDO AVE Suite 415 Latalanci, Fi 33801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lakelanci Fi 33805
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2023 SEP
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida Time Control City 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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
			□ Add
			□Remove
			□ Change
			☐ Add
			Петюче
			□Change
			□ Add
			□ Remove
			□ Change
			□ Add
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			Change
			□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□Add
			□Remove
			□Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
If the record sp record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ept. 10
	Ormano 1. Otto Ple 1000 Signature of a member or authorized representative of a member
~	Dimestra N. Story Nelson Typed or printed name of signee