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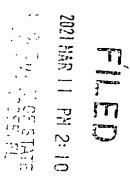
(Requ	estor's Name)			
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## **COVER LETTER**

•	istration Se ision of Cor					
SUBJECT:	JUST A TASTE, LLC  Name of Limited Liability Company					
Sonatte 1.						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Samantha Santiago				
Name of Person						
		Just Tasting, LLC				
Firm/Company						
		907 Mill Run E				
			Address		2021	
		Bradenton, FL 34212		7 - 1 ) 177 - 1 182 - 1 181 -	2021 HAR 11	1.12 4.13 4.13 4.13
			City/State and Zip Code	<u> </u>		<b>!</b>
		info@basttlle.com	to be used for future annual report not	ification)		
For further is	nformation c	oncerning this matter, please c	·	incanon) 기타	PM 2: 10	هي.
Samantha Sa	intiago		516 395-2668			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 H	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Stati opy	us &
Mailing Address:		Street Address:	oction			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST A TASTE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Plorida document number L21000090165

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Just Tasting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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 our records, enter the new registered agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

. Florida

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>	Name	Address	Type of Action
	<del></del>		□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

Typed or printed name of signee

Samantha Santiago