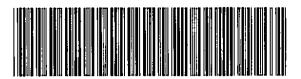
L21000126935

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: YOUY Choice Name of Li	Motory Service LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Cinna	Mane of Person
	Firm/Company
12215	N 16th St. Apt. 105-D
Tampa	FL 33612 City/State and Zip Code
Patter So E-mail addreks:	cito be used for future annual report notification)
For further information concerning this matter, please	
Cinnamon Cuv Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	\$55.00 Filing Fee & S60.00 Filing Fee,
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Compositions	Division of Corporations

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

	City	, Florida Zip Code
	enter r tortua stree	
New Registered Office Address:	Enter Florida stree	t address:
Name of New Registered Agent:		
agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered	d office address on our records,	enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
		<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)	7 (4 53
Enter new principal offices address, if applicable:		-1 N
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Platter Splatter (The new name must be distinguishable and contain the words "Lim	Latering LLC	
A. If amending name, enter the new name of the lim		
This amendment is submitted to amend the following:		
Florida document number <u>L21000126935</u>	<u>_</u> .	
The Articles of Organization for this Limited Liability C	Company were filed on \underline{W} $c_{m{v}}$	<u>ch 17, 2021</u> and assigned
(A Fiorid:	a Limited Liability Company)	
(A Florid	a Limited Liability Company)	i records.

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
 			
			l : □Remove
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Note: If t	date, if other than the date of filing:	05.0207 (3 isted as th	i)(b) e
the record spector is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	ler the	
Dated	July 4. 2022.		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

Filing Fee: \$25.00