# L21000130997

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(Business Entity Name)	03/28
(Document Number)	
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S. ROBERTS

MAY 1 3 2023

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Southern Touch Cooking LLC 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:
Falisha Hall Name of Person
Divine Touch 33, LLC Firm/Company
100 commodore de Apt 503
Plantation, FL 33335 City/State and Zip Code
Divine thirty 3 QMail com F-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Falisha Hall =1,904,288-1443
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \$30.00 Filing Fee & Certificate of Status \$\Bigsquare \$55.00 Filing Fee & Certificate of Status

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

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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

(A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000136997</u> .	were filed on March 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		TERRACE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 commodor Plantation FL,3.	``
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flor	ida
	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fecti	ive date, if other than the date of filing: (optional)
ın ett	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of State's records.
rcar	d 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
is fil	ed.
	Murch 22, 2023.
ated	14/arch 22, 2023.
	Talisha Hall
	Signature of a member or authorized representative of a member
	Talisha Hall