L21000203060

(Requestor's Name) (Address)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO: Registration Sec Division of Corp			
subject: <u>Та</u>	Sty K Eat-	ery + Cater ed Erability Company	ing, LLC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Katrina	Stephens Name of Person	
	Tasty K	Eatery & Ca-	tering, LLC
	2921 Mis:	Sion Road	
	Tallahass	ee F1 3Z36 City/State and Zip Code	54
		De yalvo.com o be used for future annual report	
For further information co	oncerning this matter, please ca	II:	
Katrina Ste	Person	at (<u>229</u>) <u>224</u> Area Code Day	2804 etime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tasty K Eatery	t Catering, LLC Company as it now appears on our record Limited Liability Company)	
(Name of the Limited Cability (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>(18.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L210002030</u>		5, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLG	C" or the abbreviation "EL.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		5 3 5
Enter new mailing address, if applicable:	4	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, enter	r the name of the new registered
igent and/or the new registered office address here:		
St. CNL D. L. LA.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PSS
		lorida
	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

Title	<u>Name</u>	Address	Type of Action
t <u>mbr</u>	Katrina Stephens	2921 Mission Road Tallassee Fl 32324	_ □Add _ □Remove _ □Add _ □Add _ □Remove _ □Change _ □Add _ □Change
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<u>Note:</u> If	re date, if other than the date of filing: (optional) etive 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 605.03 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	207 i as
d is filed		he
Dated _	June 15. 2021. Makeur Stephers Signature of a member or authorized representative of a member Latrina Stephens Typed or printed name of signee	
	Matria Stephers	
	Signature of # member or authorized representation of a mamber	