

L21000 204 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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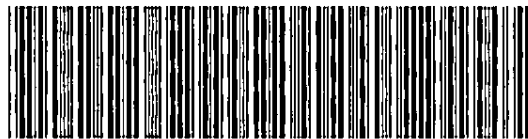
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB 9 PM 3:09

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FEB 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tasty Touch 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:

Aisha Young
Name of Person

Tasty Touch LLC
Firm/Company

7860 W Commercial Blvd Suite 200
Address

Cauderhill Ft 33351
City/State and Zip Code

Aisha 34.ay@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aisha Young at (561) 506-3724
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing 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**

Tasty Touch 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 5/2/21 and assigned
Florida document number 21000204740

This amendment is submitted to amend the following:

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

Ultimate Notary and Services LLC
The new name must be distinguishable and contain the words "Limited Liability 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)

7800 W Commercial Blvd.
Suite 200
Caulderhill, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1509 SE South Balcourt Ct
Port St Lucie FL
34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 Changing Registered Agent, Signature of New Registered Agent

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2022 FEB 19 PM 3:09
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

71

ST. LOUIS, MO.
TALLAHASSEE, FL.

SECRETARY OF THE
TALLAHASSEE FL

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(If an effective 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 (3)(b)

If the record 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 record is filed.

January 31, 2022

Signature of a member or author

Signature of a member or authorized representative of a member

Aisha Yang
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00