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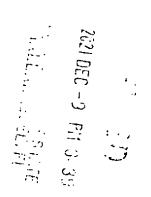
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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A. BUTLER DEC 2 0 2021

COVER LETTER

TO:

TO: Registration So Division of Cor			
SURJECT: TVCV	ON FUN FOOds	SILC.	
sourcer. <u>Tycia</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	-	
	Gregory JAK	•	
		Firm/Company	ny 9 # 182
	5843 SW 2	1st suite#182	
	<u> </u>	Firm/Company Sute # 182 Address	
	West Park,	FL 33021 City/State and Zip Code	
For further information c	E-mail address: (to be used for future annual report notif	ication)
Gregory JA	CKSON	ai(561)_781_	
I Name o	t Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	 \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records 921 DEC -9 PM 3: 39
The Articles of Organization for this Limited Liability C	_	Ī
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	, 	
B. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new registere
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		Florida
	City	Zip Code

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

TURANI FUN FAMOS 110

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

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	<u>Address</u>	Type of Action
MGR	JACKSON, Gregory	2843 SW 21st Sudoth 182	iDAdd
	·	West Park, FL 33021	□Remove
			□Change
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ote: If the ocument's of record spectis filed.	·				e 90th day after the
ote: If the ocument's our record spectage is filed.	·		orized representative of a me		e 90th day after the