21000218408

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/19/2021

NAME:

SHEZZY'S COOKING DELIGHTS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHEZZY'S COOKING DELIGHTS 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 _____ and assigned Florida document number L21000218408 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: 5784 Folkstone Lane (Principal office address MUST BE A STREET ADDRESS) Orlando Florida 32822 Enter new mailing address, if applicable: 5784 Folkstone Lane (Mailing address MAY BE A POST OFFICE BOX) Orlando Florida 32822 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

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

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
AMBR	CRUZ, SHEZELLE	5784 Folkstone Lane	[] Add
		Orlando Florida 32822	□Remove
			■Change
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ffective date, if other them effective date is listed, the coordinate: If the date inserted in ocument's effective date or	late must be specific at this block does not	nd cannot be prior to meet the applicab	date of filing or more le statutory filing re	(optiona than 90 days after filir equirements, this da	g.) Pursuant to 605.0207
			e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
record specifies a delayed of its filed.	effective date, but no	ot an effective tim	.,		
July, 12		2021			·····
July, 12		2021			

Filing Fee: \$25.00