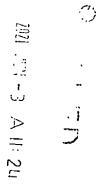
## L21000223233

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO: Registration So Division of Co	ection prorations				L
JI REET E	ATZ LLC	٠.		•	
SUR!	Name of Lin	nited Liability Company	<u> </u>	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Patrick H Knight				
		Name of Person			
	STREET EATZ	Name of Person  Firm/Company  D  Address  City/State and Zip Code  GMAIL.COM  Idress: (to be used for future annual report notification)  Ilease call:			
		Firm/Company	of Person  Company  dress  and Zip Code  future annual report notification)  13		
	12412 BRAMFEILD				
		Address			
	RIVERVIEW FL				
		City/State and Zip Code			
	STREETEATZ813@GMA				
			report notification)	)	
For further information c	oncerning this matter, please c	all:			
Patrick Knight			6-2838		[ ] [ ] [ ]
Name o	f Person		Daytime Teleph	ione Number	
Enclosed is a check for the	ne following amount:				· (.)
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate o Certified Co	f <b>Sta</b> tus &
<u>Mailing Addres</u> Registration S					
Division of C		Divisio	n of Corporation		
P.O. Box 632	<del>-</del>	The Cer	ntre of Tallaha	issee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Street Eatz LLC

(Name of the Lin	nited Liability Company (A Florida Limited Liab	as it now appears on our records bility Company)	<u>i.</u> )	
The Articles of Organization for this Limited Florida document number <u>L21000223233</u>	Liability Company we	ere filed on 05/13/2021	and as	ssigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here:		
N/A				
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 appl	icable:	N/A		
Principal office address MUST BE A STRE	EET ADDRESS)			
( <u>Mailing address MAY BE A POST OFFIC</u>	<u>E BOX)</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office addr		iress on our records, <u>enter t</u>		ew registe
Name of New Registered Agent:	Patrick H Knight		2021	
New Registered Office Address:	Patrick H Knight			
- -		Enter Florida street address		. 1
	Riverview	, Flo	rida 33579	·
		Ciţ	Zīp Code	
Nav. Dagictored Agent's Signature, if changing	13 1 - 4 3 - 4 3 -		2.	

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>	<u>Address</u>	Type of Action
AMBR	Patrick Knight	12412 Bramfield	<b>=</b> Add
		Riverview FL 33579	□ Remove
			□Change
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05/19 Dated	72021 	<del></del>		_·				
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	بالتناسسين المساسين	17-16/1						

Typed or printed name of signee