121000314398

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Big	Tatsys 1	1 C nited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jaime R	Name of Person	
		Firm/Company	
	15850 SE	253rd Ter	
	<u>Umatilla</u>	F1 32784 City/State and Zip Code	
	É-mail address: ((to be used for future annual report no	tification)
For further information con	cerning this matter, please c	rall:	6aa 9 R
Jame Ros	Se cerson	at (<u>352</u>) 4 70 Area Code Daytin	ne 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:	etion	Street Address: Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

Rig Tatsy'S 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 Tuly 8th 2021 and assigned Florida document number 12100314398.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Tasty Subor LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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			□ Change

	any other information		,			
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If an effective on Note: If the	te, if other than the da ate is listed, the date must be date inserted in this block ffective date on the Depa	specific and cannot be does not meet the a	applicable statutory	g or more than 90 day filing requiremen	is affer thing.) i disuant	to 605.0207 (be listed as (
e record spec rd is filed.	fies a delayed effective d	ate, but not an effect	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after the
Dated	3	. 20	r authorized represer	ntative of a member		_
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Filing Fee: \$25.00