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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

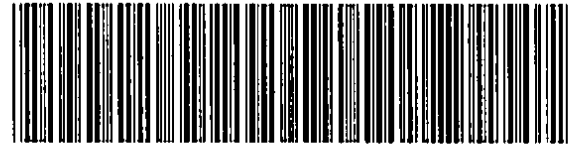
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2021 DEC 13 AM 9:55
CLERK OF STATE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Deccani Bites, 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:

Marcia Nass

Name of Person

East West Resources Corporation

Firm/Company

9200 Corporate Blvd., Suite 201, Suite 250

Address

Rockville, MD 20850

City/State and Zip Code

mnass@ewrcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Nass at (240) 499-4021
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**

Deccani Bites, 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 August 16, 2021 and assigned Florida document number L21000368043.

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:

(Principal office address MUST BE A STREET ADDRESS)

4270 Tamiami Trail East

Suite 203

Naples, FL 34112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4270 Tamiami Trail East

Suite 203

Naples, FL 34112

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:

4270 Tamiami Trail East, Suite 203

Enter Florida street address

Naples

City

Florida 34112

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

2021 DEC 31 AM 9:55
CLERK OF STATE
FILED

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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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)
Note: If the date inserted in this block does not meet the filing date, the filing date shall be the date of filing.

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.

1191/21
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00