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(Requestor's Name)	
(Address)	
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(Address) (City/State/Zip/Phone #) (Document Number) (Document Number) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Contificates of Status	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
10/4/2021 At	

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2021 SEP 27 PM 6: 11

COVER LETTER

	ion Section of Corporations	
THE SUBJECT:	SALAD LADY, LLC	
SUBJECT:	Name of Li	mited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are su	ubmitted for filing.
Please return all co	orrespondence concerning this matter	er to the following:
		SHAQUANDA PIERRE
		Name of Person
		Firm/Company
	432	20 LAKE LAWNE AVENUE
		Address
	C	DRLANDO/FLORIDA 32808
		City/State and Zip Code
	· ·	UANDAPIERRE@GMAIL.COM (to be used for future annual report notification)
For further informa	ation concerning this matter, please	
	QUANDA PIERRE	407 692-5504
	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:	
≡ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bo	tion Section of Corporations	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

FILED

2021 SEP 27 PM 6: 19

TH SALAD LADY, LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) LAHASSEE. FLore 09/16/2021 The Articles of Organization for this Limited Liability Company were filed on ____ _____ and assigned Florida document number ____L21000411360 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 "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

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

____, Florida ___

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>	Address	Type of Action
CEO	SHAQUANDA PIERRE	4320 LAKE LAWNE AVENUE	
		ORLANDO, FLORIDA 32808	■Remove
		<u></u>	□Change
MGR SH	SHAQUANDA PIERRE	4320 LAKE LAWNE AVENUE	
		ORLANDO, FLORIDA 32808	□Remove
			□Add
			□Remove
			□Change
			□Remove
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			□Add
			☐ Remove ☐ Change ☐ Add ☐ Add ☐ Change ☐ Change
			□Change
			🗆 Add
			□Remove
			□Change

if amending any other mormation	n, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
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	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 does not meet the applicable statutory filing requirements, this date will not be listed	
he record specifies a delayed effective d ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	2021	
	maguanda Pinnel gnature of a member or authorized representative of a member	
218	thereto A a mornost of annionized representative of a memori	

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