L21000431459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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pecial Instructions to Filing Officer:
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COVER LETTER

Registration Section Division of Corporations

JECT:TH	CANCHURED Name of Lim	ited Liability Company	
enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
se return all correspon	ndence concerning this matter	to the following:	
	ADRIE	NNE GANG Name of Person	12.1.2
	THE AN	CHCIZED CHEF Firm/Company	
	15267 ('ALAVAN AVE Address	
		City/State and Zip Code	
	E-mail address: (tORED CHEF & C) to be used for future annual report not	fication)
further information co	oncerning this matter, please ca	all:	
ADVIENNE Name of	Person	at (<u>É13</u>) <u>7844</u> Area Code Daytim	486 e Telephone Number
losed is a check for th	e 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 GCT 12 FM 3: 23

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compar (A Florida Limited I.	ıy as it now appear	s on our records.)	
(A Florida Limited L	ability Company)		
rticles of Organization for this Limited Liability Company and document number <u>L 2 100431459</u> .	were filed on <u></u>	0/01/202/	and assigned
mendment is submitted to amend the following:			
amending name, <u>enter the new name of the limited liabi</u>	lity company he	<u>re</u> :	
w name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
new principal offices address, if applicable:	<u> </u>		
ripal office address MUST BE A STREET ADDRESS)			
new mailing address, if applicable:			
ng address MAY BE A POST OFFICE BOX)			
amending the registered agent and/or registered office a and/or the new registered office address here:	ddress on our re	cords, enter the nan	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida strvet address	
		Florida	
	City		Zip Code
Registered Agent's Signature, if changing Registered Agent:			
by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete to the obligations of my position as registered agent as p filed to merely reflect a change in the registered office any has been notified in writing of this change.	performance of a provided for in C	my duties, and Lam _. hapter 605, F.S. Or	familiar with and , if this document is

	anager uthorized Member		
	<u>Name</u>	Address 21 007 12 PH 3: 23	Type of Action
R	ADRIENNE GANG	Address 27 007 12 PH 3: 23 15267 CARAVAN AVE	Add
		ODESSA FL 33556	□Remove
			□ Change
			□Remove
_			
			□Remove
			□Change
			□Add
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			□Change
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			□Change

	C ()
	21 DCT V2 PH 3: 23
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (dicable statutory filing requirements, this date will not be listed as t
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10th of OCHOOL 2021	
Signature of a member or au	athorized representative of a member
<u>.</u>	
Typedorn	INE GANG inted name of signee