## L21000437442

(Re	equestor's Name)
(Ad	ldress)
(Adv	ldress)
( -	·-··,
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
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	and the make of
(00	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Cilian Officer:
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Office Use Only



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## **COVER LETTER**

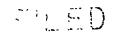
Bivision of	on Section f Corporations		•
Classic	e Cuisine TCI, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The analyzed Agricl	es of Amendment and fee(s) are su	bosittad for filing	
		· ·	
Please return all cor	respondence concerning this matte	r to the following:	
	Tshora Hyman		
		Name of Person	
		Firm/Company	
	5935 SW 21st St		
		Address	· ##
	West Park, FL 33023		
		Cuy/State and Zip Code	
	tshoratt@yahoo.com	(to be used for future annual report noti	
Van furthar informat	ion concerning this matter, please		meation)
	ion concerning this matter, prease		
Shora Hyman		649 331-0389 at () Area Code Daytim	
N:	ame of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee ☐ \$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 Ac	Advoce:	Street Address:	
	ion Section	Registration Se	ction
	of Corporations	Division of Cor	rporations
P.O. Box	6327	The Centre of T	LaHahassec

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Classic Cuisine TCI, 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 10/06/2021 and assigned Florida document number \_\_\_\_\_L21000437442 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) 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.

City

\_\_\_\_, 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>	<u>Address</u>	Type of Action
MGR	Lyon, Jemar	5935 SW 21st St	□Add
		West Park, FL 33023	■Remove
			□Change
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cord specifies a delayed effective	e date, but not un effectiv	ve time, at 12:01 a	ı.m. on the earlier o	f: (b) The 90th day af	ler th
s filed.				•	
Assauce 16	2022				
August 16	2022	·			
1 Ham	_				
x 2. Hym	Signature of a member or a	authorized represent	ative of a member		

Filing Fee: \$25.00