

L21000531069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

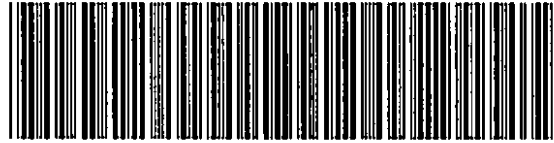
(Document Number)

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NEW YORK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2022

VICTORIA MILLER  
15290 SUGARGROVE WAY  
ORLANDO, FL 32828

SUBJECT: UNITED BUNS OF AMERICA LLC  
Ref. Number: L21000531069

22 DEC -9 AM 4: 21

UNITED BUNS OF AMERICA LLC

We have received your document for UNITED BUNS OF AMERICA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 922A00026143

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ANASSE, J

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DEC 08 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNITED BUNS OF AMERICA 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 12/17/2021 and assigned  
Florida document number L21000531069.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TILTED BUN CO. LLC

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)

Nicholas Morales

15290 Sugargrove Way

Orlando, Florida 32828

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

15290 Sugargrove Way

Orlando, Florida 32828

**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:

15290 Sugargrove Way

*Enter Florida street address*

Orlando

, Florida 32828

*City*

*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**

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>         | <u>Type of Action</u>                      |
|--------------|------------------|------------------------|--|
| Mgr          | Victoria Miller  | 15290 Sugargrove Way   | <input type="checkbox"/> Add               |
|              |                  | Orlando, Florida 32828 | <input type="checkbox"/> Remove            |
|              |                  |                        | <input checked="" type="checkbox"/> Change |
| Mgr/MBR      | Nicholas Morales | 15290 Sugargrove Way   | <input type="checkbox"/> Add               |
|              |                  | Orlando, Florida 32828 | <input type="checkbox"/> Remove            |
|              |                  |                        | <input checked="" type="checkbox"/> Change |
|              |                  |                        | <input type="checkbox"/> Add               |
|              |                  |                        | <input type="checkbox"/> Remove            |
|              |                  |                        | <input type="checkbox"/> Change            |
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 15290 SUGARGROVE WAY  
 ORLANDO, FL 32828  
 407-255-1111

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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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 9, 2022

12/1/12

Signature of a member or authorized representative of a member

**Nicholas Morales, Member**

Typed or printed name of signee

**Filing Fee: \$25.00**