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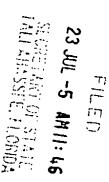
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-	-UP WAIT MAIL
	(Business Entity Name)
·	(Document Number)
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COVER LETTER

Division of Co		· ·	••
SUBJECT:	Tilted Bun Co	o. UC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	Micholas	Javier Morale	(
	T		
	lilted Bi	Firm/Company	
		, ,	
	12624 Vict	ona Place Grcle Address	-
	Orlando, F	Flunda, 32828 City/State and Zip Code	<u>-</u> S
		va gmail. Com	
	,	be used for future annual report notif	lication)
For further information	concerning this matter, please cal	1:	
N Is Chola	c Tower Morales	5 516 > 474 - 9	4400
Name	S Jamer Morales	Area Code Daytime	e Telephone Number
Encløsed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	<u>ess:</u>	Street Address:	
Registration		Registration Sec	
Division of	Corporations	Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF C	DRGANIZATION 73.1111 FILES
Tilted Bun Co. LL((Name of the Limited Liability Compa (A Florida Limited)	S. AMILLE
The Articles of Organization for this Limited Liability Company Florida document number <u>121000531069</u> .	were filed on December 17, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "LLC." 12624 Victoria Place Circle Apt. 12206 Onando, Flonda 32828
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12624 Victoria Place Civile Apt. 17700, Orlando, Flonda 32828
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 12624	Victoria Diale Circle Apri. 12206

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.

Enter Florida street address

Orlando Florida 32828

City Zin Coula

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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
·····			□Add
			□Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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lote: If the	ate, if other than the date of filing:
record spec l is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Sure 29. 2023.
_	Signature of a member or authorized representative of a member
	Nicholas Javier Morales Typed or printed name of signee

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