L22 0000 20330

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAłŁ
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	AY - 4 2022	

Office Use Only



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04/07/22--01010--005 **25.00



COVER LETTER

Div	stration Section sion of Corporations	
SUBJECT:	South Tampa Sandwich Shop LLC. Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Yoylen Turren Borges Name of Person	
	South Tempo Bandwich Shop LC	. (
	6241 8 Dale claby they	
	Tompa F1 3361/ City/State and Zip Code	
	(E-mail address: (to be used for future angulal report notification)	
For further i	formation concerning this matter, please call:	
<u> </u>	Wen Torres Borges at (813) 4581603 Area Code Daytime Telephone Number	
Enclosed is	check for the following amount:	
□ \$25.00	iling Fee Solo Filing Fee, Certificate of Status Solo Filing Fee, Certi	
Re	ling Address: Street Address: gistration Section Registration Section ision of Corporations Division of Corporations	
	. Box 6327 The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $1/(1/202)$ and assigned Florida document number $1/2000020330$.
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) [Mailing address MAY BE A POST OFFICE BOX] [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: Voylen Torra Borger New Registered Office Address: 62418 Dale Habry they Enter Florida street address
Tempa Florida 33 Cept 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>	Address	Type of Action
<u>P</u>	Torris Borges,	6241 9 Pale Habry 19 Temps Ft 33611	wyr dd
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fan eff <u>Note:</u>	ve date, if other than the date of filing:
recor	I 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 ed.
Dated	3/23/2022
	Signature of a member or authorized representative of a member
	Joylen Torres Borges Typed or printed named signee

Filing Fee: \$25.00