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03/29/22--01025--013 **25.00

FILED 2022 MAR 29 PM 4: 03 SECRETARY OF STATE TALLANASSEE, FL

Y. SCOTT APR - 9 2022

COVER LETTER

TO: Registration Section Division of Corporations

VANILLSPOON LLC

SUBJECT:

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:

GUSTAVO J MORA, MBA 2022 MAR 29 PM 4: 03 Name of Person GM TAX GROUP INC Firm/Company 5378 WEST 12 AVE Address HIALEAH, FL 33012 City/State and Zip Code INFO@GMTAXGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUSTAVO J MORA, MBA 305 914-2240 at (_____ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee 🗇 \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section **Registration Section**

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Street Address: 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

VANILLASPOON LLC		
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>k.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L22000054607</u>	pility Company were filed on 02/01/2022	and assigned
This amendment is submitted to amend the follow	eing:	SE 20
A. If amending name, enter the new name of t	he limited liability company here:	
VANILLASPOON LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC	Tor the abbreviation L.L.C.
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS	
		m S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · ·
	Enter Florida street addres	18
	, FI	orida
	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 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

· . . .

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<u>Title</u>	Name	Address	Type of Action
		<u></u>	🗋 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 ______ 2022 .

Veronica & SAFIE DE SAFIE

Signature of a member or authorized representative of a member

VERONICA G SAFIE DE SAFIE

Typed or printed name of signee

Filing Fee: \$25.00