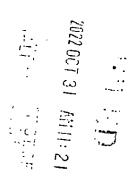
## L22000142099





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A CUTLER
JAN 4 3 2023

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Tast	y Toast Caf	e LLC .	· · · · · · · · · · · · · · · · · · ·
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Nata	sha Forbus	
		Name of Person	
		Firm/Company	<del></del>
	10101	100°	
	18134	Miramar Ave	<u></u>
		Address	
	Port Cl	har 10116, FL 3395 City/State and Zip Code	54
	<u></u>	City/State and Zip Code	
_	Tasty-	to ast 941@gmail.	Com
			cation)
For further information conc	erning this matter, please ca	all:	
Natasha For	hus	941 286-	5457
Name of Pe	rson	at ( <u>941</u> ) <u>286 - 1</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
V	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
K	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	tion.
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Box 6327	An actionic	The Centre of Ta	
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tasty Toast Cafe	2 LLC 2022 C	in III
(Name of the Limited Liability Company (A Florida Limited Lia		ords: Filit: 21
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2Z000142099</u> .	were filed on $3/23/$	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 adagent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street add	dress
		Florida
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Natasha Forbus	18134 Miramar Ave	•
		Port Charlott, Fl 33954	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<u></u>
Note: If	date, if other than the date of filing:
the record secord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 24 2022
	October 24 . 2022 .  Signature of a member or authorized representative of a member
	Natasha Forbus Typed or printed name of signee