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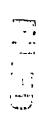


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COVER LETTER

Division of Corp	orations		•
SUBJECT: Toste		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Stanlla Taste of	Name of Person (alla l. C Firm/Company	
	2234 Nort	h Feckral Hu	¥ \$50(e)
_	Boca Ruta Tasteoflal E-mail address:	City/State and Zip Code (a 9 m a 6 6) to be used for future annual report noti	
For further information co	ncerning this matter, please ca	all:	
Stanla P	Person	at (<u>S(0)</u>) <u>H67</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Se AAII	2024 SE

Mailing Address:

TO:

Registration Section

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

Taste of 16	alla 1) C
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number	Liability Company were filed on $05/09/2022$ and assigned 0.0280 .
This amendment is submitted to amend the fo	llowing:
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 appl	icable:
Principal office address MUST BE A STRE	'ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	E BOX)
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, enter the name of the new registered ess here:
Name of New Registered Agent:	
New Registered Office Address:	2034 NOVH Federal Hwy #5001
	Boxa Raton, Florida 33431 City Zip Code
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the propacter, the obligations of my position as reg	red agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and was gistered agent as provided for in Chapter 605, F.S. Or, if this document is a registered office address, I hereby confirm that the limited liability

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
			□Add
			□Remove
			□Change
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			□Add
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			□Change
			□Add
			□Remove
			2020 Change
			Ardal ***
		p	A. S.
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	cessary.)
E. Effective date, if other than the date of filing:	filing A Pursient to 605 0207 (3Y)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed.) The 90th day after the
Dated Une 36 3034 Signature of a member or authorized representative of a member	2024 SEP -3
Typed or printed name of signee	SSECTION OF THE SECTION OF THE SECTI