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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

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BJECT:	errane que	NACKS LLC ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Anthony	Serraneay Name of Person	
		Firm/Company	
	939 Roy	al Empress D	2022 HOV
	D.W. E	33576	
	KUNKI/C, PC	City/State and Zip Code	
	Serrancau S E-mail address:	onacks a gmail. Co	OM ication)
or further information c	oncerning this matter, please c	all:	1
Arthony Se Name o	(Vanlay	at (954) 534 Area Code Daytime	1834 Telephone Number
		·	·
inclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ution.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Servaneau S	Snacks Ll	_ C	
(Name of the Limited Liz (A Flo	ability Company as it now apported Limited Liability Compan	nears on our records.)	· — —
e Articles of Organization for this Limited Liability orida document number <u>L 2 2 0 0 6</u>		September, 2	ion "LLC" or the abbreviation "L.L.C."
is amendment is submitted to amend the following	ā.		
. If amending name, enter the new name of the	limited liability company	here:	
ie new name must be distinguishable and contain the words "	'Limited Liability Company," th	ne designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	ODRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ered office address on ou re:	r records, enter the n	2: 19
_		, Florida	Zip Code
Nam Danistared Capthe Cianatura if changing Regist	City		Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change	ent and agree to act in th nd complete performance d agent as provided for i tered office address, I he	of my duties, and I a In Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

umending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

<u>le</u>	Name	Address	Type of Action
<u>4BR</u>	Jordan Hinson	939 Royal Empress Dr	_ DAdd
		939 Royal Empress Dr. Ruskin, FL 33570	□Remove
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no data if athor than the data of filings	(
ve date, if other than the date of filing:	g or more than 90 days after filing.)	Pursuant to 605.02
If the date inserted in this block does not meet the applicable statutory ent's effective date on the Department of State's records.	y filing requirements, this date	will not be listed
I specifies a delayed effective date, but not an effective time, at 12:01 ed.	a.m. on the earlier of: (b) The	90th day after th
November 4 gold 2022		
	·	
Signature of a member or authorized represent	ntative of a member	
NIGOMINE OF A BURNING OF A STREET TO THE CONTROL OF	***** * * * * * * * * * * * * * * * *	

Filing Fee: \$25.00