

L22000509006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

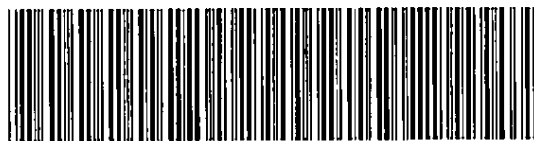
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R. HUNT

02/27/23

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: TASTE TREASURY 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:

MARJORIE ANN RAJU-LISBOA

Name of Person

TASTE TREASURY LLC

Firm/Company

11359 MISTY MOSS DRIVE

Address

WIMAUMA FLORIDA 33598

City/State and Zip Code

TASTETREASURYLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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CLERK OF STATE

For further information concerning this matter, please call:

MARJORIE ANN RAJU-LISBOA

954

7078989

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 &  
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)

**Mailing Address:**

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 TREASURY LLC

(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 DECEMBER 5 2022 and assigned  
Florida document number 1.22000509006

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)**

**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:

Marjorie A. Raju-Lisboa

New Registered Office Address:

11359 Misty Moss Dr

Enter Florida street address

Wimauma

City

Florida

33598

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BALAMURUGAN KETHAIA	5445 FRUITVILLE RD	<input type="checkbox"/> Add
		SARASOTA FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUNNY GREWAL	24436 FL-54	<input type="checkbox"/> Add
		LUTZ FL 33559	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VASANTH RAJU	11359 MISTY MOSS DR	<input type="checkbox"/> Add
		WIMAUMA FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUNNY GREWAL	5445 FRUITVILLE RD	<input type="checkbox"/> Add
		SARASOTA FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 22 2023

MARJORIE ANN RAJU-LISBOA

Typed or printed name of signee