

L23000024575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

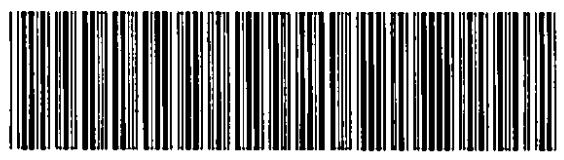
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/23--01001--001 **25.00

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2023 JUL 24 PM 3:18
TALLAHASSEE, FL
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2023 JUL 24 PM 3:01
TALLAHASSEE, FLORIDA

R. HUNT
07/24/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Flavors Bistro 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:

Nacavia Jones
Name of Person
All Flavors Bistro LLC
Firm/Company
2115 Glenlock dr
Address
Deltona
City/State and Zip Code
FL 32725
E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE
CORPORATIONS, FL
JUN 21 2007 3:18 PM

For further information concerning this matter, please call:

Nacavia Jones at (321) 607-4330
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**

All Flavors Bistro 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 01/11/2023 and assigned Florida document number L23000024818.

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:

2115 Glenlock Dr Deltona fl 32725

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2115 Glenlock Dr Deltona fl 32725

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED
MAR 11 2023
STATE OF FLORIDA
SECRETARY OF STATE

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:

David De Leon

New Registered Office Address:

2115 Glenlock Dr

Enter Florida street address

Deltona

City

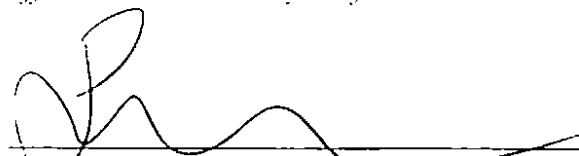
Florida

32725

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>
MGRM	David De Leon	2115 Glenlock Dr Deltona fl 32725	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Officer	Nacavia Jones	2115 Glenlock dr Deltona fl 32725	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2023
STATE OF FLORIDA
TAMPA, FL
PH 3:18
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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2023 JUL 21 PM 3:18
DEPARTMENT OF STATE
TALLAHASSEE, FL

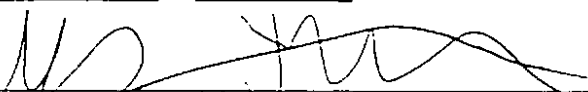
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 07/19 _____, 2023



Signature of a member or authorized representative of a member

Nacavia Jones

Typed or printed name of signer