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SECRETARY OF STATE LLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ASTY WIS	HCS ILC	
Mobalici.	Name of Lim	ited Liability Company	
The analogod Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	indence concerning this matter	to the following:	
	40121	Pegea Name of Person	
		Name of Person	
		Firm Company	
	6758 V	ITEVINE DAN Address	le
	13200 K51	City/State and Zip Code 29 06 mark - Com to be used for future annual report not	202
		City/State and Zip Code	
	Yury. pere	eq Comail.com	(Goutian)
			meadon)
For further information c	oncerning this matter, please of	all:	
YORU	Derea	at (<u>813)</u> 924 -	. 8393
Name o	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
		•	
<u>Mailing Addres</u>	: <u>s:</u>	Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tasty Wis	SHCS , L Liability Compan Florida Linuted Li	v as it now appears on or	ur records.)		-
The Articles of Organization for this Limited Liab Florida document number 12300190		. اد م	7/2023	and a	assigned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	ne <u>limited liabil</u>	ity company here:			
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	y Company. the designat	Ton LLC or the a	SE 28	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	9X)		_	HAY ZZ F	• ! ; <
B. If amending the registered agent and/or reg	istered office ac	ddress on our record	s, <u>enter the na</u>	FLORIDA me of the n	
agent and/or the new registered office address	<u>nere</u> :	000			
Name of New Registered Agent: New Registered Office Address:	YURY 6758	VERCO WireVINE Enter Florida stre	DRING eet address		
	Bea	oksville	, Florida _	3460 Zip Cox	<u></u>

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

Title	<u>Name</u>	Address	Type of Action
MGR	Yory Perea	6758 WIRVINE DR BEOOKSVIlle, FL 34602	X Add
			· □Remove
			□Change
			□Add
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an effective date is listed, the c ote: If the date inserted in	an the date of filing: 050 late must be specific and cannot be prior this block does not meet the applianthe Department of State's records	e to date of filing or more than cable statutory filing requir	90 days after filing.) Pursuan	it to 605,020 be listed a:
record specifies a delayed of is filed.	effective date, but not an effective	time, at 12:01 a.m. on the c	earlier of: (b) The 90th d	ay after the
	n 2 .			
ated <u>05/08/20</u>	()	horized representative of a me		