L23000204968

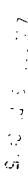
(Requestor's Name)			
(Nequesions Hame)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





300416925073

10/16/23--01011--019 **25.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wever OW Suchar CAFE Ard CAFE in 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 _______ and assigned Florida document number <u>L23 000 20 496 P</u> 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 "LLC." 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: Will: 44 Name of New Registered Agent: New Registered Office Address:

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>	Address	Type of Action
Mign	CHENEN Browth		□Add
			Remove
			□Change
		<u></u>	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□∧dd
			□ Remove
			∏ Changa

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ON 7-24-2022 ON 266 MENT MENT
4969	DN 7-24-2022 ON 2LC MMEND MGDT LICH SEGENS ON 6-24-2038 Resig AND WAS APPRULED PRY MEMPS OW 7-1-2023
. ,	AND WAS APPRUSED Pay MEM 199. OW
	7-1-7023
. Effec	ctive date, if other than the date of filing: $8.3 - 2023$ (optional)
Note	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 1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
the rec	ord 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
cord is	· · · · · · · · · · · · · · · · · · ·
Dato	d 8-3/- 2027.
Date	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signec

Filing Fee: \$25.00

COVER LETTER

Division of Corporations
SUBJECT: NEVER ON SHINDAY CATE, NG COMPAGE Name of Limited Liability Company AND CATER; NG COMPAGE OF THE SUBJECT: NEW COMPAGE Name of Limited Liability Company AND CATER; NG COMPAGE NAME OF LIMITED SHIPS AND CATER SHIPS AND
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARMEN BRUCH Name of Person
NEVER ON SUNDAY CUTE AND CUTERING COMPANY LLC
312 W. BAY. DRIVE
City/State and Zip Code B-1/4 Inc 14 6 Marie Code K-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Will: Hun B-20 WEL 11 727 Z21-1/62
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{certified Copy} \\ \text{(additional copy is enclosed)} \$\text{(additional copy is enclosed)} \$(additional copy is

TO:

Registration Section

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