## LZ3 000 360 655

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer.	
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Office Use Only



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09/14/23--01012--003 ••25.00



## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT:	FRESH Name of Limi	TOOURS  ted Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	_JACQ0	JELINE OT Name of Person	EDA
	FRESH	Firm/Company	,
	5439 N.	W. 36 STRE	ET/2Nd Floor
	MIAMI, S ISABEL E-mail address: (1	SPRINGS, F City/State and Zip Code  CTGLALL  to be used for future annual report notifie	ANXA. (DM
For further information c	oncerning this matter, please ea		
Isabel L Name o	F Person	at ( <u>305</u> ) <u>772</u> Area Code Daytime	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)

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

TRESH TO	DOUGC 11	C
		records.)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company) /	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 360</u> ,6 5	were filed on	$3 \mid 2023$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		·
The new name must be distinguishable and contain the words "Limited Liab	OUR LLC	on 11 L C 22 are the alchemination 21 L C 22
The new name must be distinguishable and contain the words "Limited Liab	inty Company, the designation	on 13.65 of the above viation 13.13.65.
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	Alu	LEC ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		
		39
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:	7	
New Registered Office Address:	Enter Florida stree	t address
		md.
	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

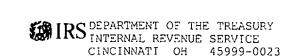
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			ПRетюче
			Change
			□ Add
			□Remove
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ote: If the date i	other than the date of listed, the date must be speci nserted in this block does we date on the Departmen		Salatory mang require	·	be listed as
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ote: If the date i ocument's effecti	nserted in this block does we date on the Department delayed effective date, by	nt of State's records.  out not an effective time, see of a member or authorized	at 12:01 a.m. on the ea	rlier of: (b) The 90th de	

Filing Fee: \$25.00



Date of this notice: 08-02-2023

Employer Identification Number:

93-2694345

Form: SS-4

Number of this notice: CP 575 G

FRESH TOUR LLC
HAYDEE JACQUELINE OJEDA SOLE MBR
5439 NW 36 STREET 2ND FLOOR
MIAMI SPRINGS, FL 33166

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-2694345. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.