L24000143679

(Requestor's Name)
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(Address)
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	Sty Patrices	S LLC ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	da Tucher Name of Person	
	242 Hicho	Firm/Company OU COUSE T	CC-
	Ocala,	1 Address FL 34477	
	into etas-	City/State and Zip Code + 100 Stries Ce to be used for future annual report note	(COM)
For further information c	oncerning this matter, please ca	all:	
Yolanda	Tucker	at (<u>352</u>) 208	-7582
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\frac{1}{2}5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration !	Section	Street Address: Registration Sec	7 1
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(
The Articles of Organization for this Limited Liability Company Florida document number <u>L34000143679</u> .	were filed on March 35,30	and assigned
This amendment is submitted to amend the following:		F II 1024 APR 2 355 (2013)
A. If amending name, enter the new name of the limited liabi	ility company here:	PR 2
Tasty Pastries LLC		\Box ω
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or th	abbreviation "L.I.Ci"
Enter new principal offices address, if applicable:	willo Sw Highwa	2000
(Principal office address MUST BE A STREET ADDRESS)	Ste 110 PMB592	(a co
	Ocab, FL 3447	φ
	Callago of a 15 along	100
Enter new mailing address, if applicable:	10100 200 Highwin	m 200
(Mailing address MAY BE A POST OFFICE BOX)	Sto 110 PMB592	<u></u>
<u> </u>	Molo El RULLIN	
	may 10 Mily	'
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	Zsp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
lf Chan	ging Registered Agent, Signature of New	Registered Agent
	11	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:			ach person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ □ Add
			☐ Remove
		 	☐ Change
			□Add
			□Remove
			Change
			□Add
			∏ □Remove
			☐ □ □ Change
			□Add
			☐ □ Remove
			☐ Change
			□Add
			□Remove
		-	☐ Change
			□Add
			□Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessor]] #7):) []
 	
	<u> </u>
E. Effective date, if other than the date of filing: (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 filir Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	D (3) Pursuam to 605,0207 (3)(6) will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m (b) The 90th day after the record is filed.	on the earlier of:
Dated April 11, 2024. 2034. Glad Signature of a member or authorized representative of a member	
Yolanda Tuchter Typed or printed name of signee	

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Filing Fee: \$25.00