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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	TRICEU EATS	· uc			
-	Name of Limi	ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.			
Please return all correspond	ence concerning this matter t	to the following:			
		ELA BROWNE Name of Person			
	TRICE	Firm/Company			
	7400	SW 14th CT Address			
		AUDERNALE, FI City/State and Zip Code			
	THE TRICE E-mail address: (1	O be used for future annual report not	ification)		
For further information con	cerning this matter, please ca	II:			
TAMÉE L Name of P	A BROWNE	at (754) 317 Area Code Daytin	- 27 69 ne 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 Se		Street Address: Registration Se			

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

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

TRICKEY FATS LIC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 041 3012024 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3OX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	PATRICE N WILLIAMS
New Registered Office Address:	7400 SW 14 th LT Enter Florida street address
	NORTH LAUDERDALE, Florida 33309 City 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>	Name	<u>Address</u>	Type of Action
MGR	PATRICE N WILLIAM	15 7400 SW 14th Ct	□Add
		North Landerdali Fl 33	(L) To Kemove
			Change
MGR	JAMEELA BROWNE	7400 SW 14th Ct	NAdd
		North Landerdale Fl 33068	⊃_□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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			□Change
			□Add
			□Remove
			_ □Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effec <u>Note:</u> If	e date, if other than the date of filing:
e record rd is filed	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 d.
Dated	May 14 . 2024.
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer
	Signature of a member or authorized representative of a member