L24000301545

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LLAHÄSSEE FLORIDA

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TO: Registration S Division of Co			
SUBJECT: ZANTI	CAFE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	GEORGE KARAVIT	TIS	
		Name of Person	
		Firm/Company	
	1185 S PINELLAS AV	/F APT 3305	
		Address	
	TARPON SPRINGS	: El 34680	
	TAIN ON SI MINOS	City/State and Zip Code	
	SOFTEE31@ICLOUD	.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
GEORGE KARAVI	TIS	at (917) 6179922	
Name	of Person	Area Code Daytime	: 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ZANTI CAFE LLC		2024 UL1 25 PM 4: 20	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco	ords.)	
		TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on 07/05/2024	and assigned	
Florida document number <u>L24000301545</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
SOFTEES FUNNEL CAKE LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	735 DODECANESE BLVD, STE 39		
(Principal office address MUST BE A STREET ADDRESS)	TARPON SPRINGS, FL 34689		
Enter new mailing address, if applicable:	1185 S PINELLAS AVE	·	
(Mailing address MAY BE A POST OFFICE BOX)	TARPON SPRINGS, F	L 34009	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere	
Name of New Registered Agent:	****	<u></u>	
New Registered Office Address:			
	Enter Florida street ada	tress	
		Florida	
	City	Zip Code	
New Registered Agent's Signature if changing Registered Agent:			

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	Address	Type of Action
MGR	CHRISTINA ZANTI	1185 S PINELLAS AVE, APT 3305	□ Add
		TARPON SPRINGS, FL 34689	⊠ Remove
			□Change
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
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Effective date, if other fan effective date is listed, t Note: If the date inserted document's effective date	the date must be spec d in this block doe	eific and cannot be s not meet the a	oplicable statute	ing or more than 90 rry filing requiren	(optional days after filing sents, this date	z.) Pursuant to	o 605.0207 Elisted as
record specifies a delay d is filed.	ed effective date, l	but not an effecti	ive time, at 12:0	1 a.m. on the car	icr of: (b) T	he 90th day	after the
Dated OCTOBER 2	2	2024		مسمعهد و	-		
	100 mm		**************************************				
	Signatu	re of a member or	authorized repres	entative of a memb	er		_
	-						

Filing Fee: \$25.00