

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number ; (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL SOUL CUISINE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

K. SALY Help

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## **COVER LETTER**

TO: Registration 5 Division of Co			
	AL SOUL CUISINE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub-		
	Mike Town		
		Name of Person	
	Legalzoom.com. Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	<del></del>
	Austin, TX 78717		
	tropicalsoulcuisine@gmail	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	icution)
For further information	concerning this matter, please ex	ıll:	
Mike Town		800 773-0888	
Name	of Person	at () Area Code Daytimo	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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:

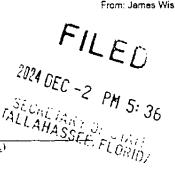
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



TROPICAL SOUL CUISINE LLC (Name of the United Liability 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 \_\_\_\_\_08/08/2024 and assigned Florida document number 1.24000347436 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 "L.L.C." or the abbreviation "L.L.C." 8152 W McNab Rd. Enter new principal offices address, if applicable: Pompano Beach, FL 33068 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## 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

From: James Wiseman

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Claudia Sharon Lattibeaudier	18 Summer Ln. Amityville, NY 11701	<b>∃</b> Add
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			C'hange
			bbA □
			☐ Remove
			DE DE 2 PAR SSEE
			F. G. Add
			□ Remove
			Change
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			Change
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			☐ Remove
			☐ Change

•	Page: 6 of 6	2024-12-02 13:54:07 CST	15125973041	From: James Wise
D. If a	mending any other info	rmation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)	
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	- rasnaun	Signature of a member or authorized represen	lative of a member	<del></del> -
		and the second s		
	Tashauna Monique	Smith		
		Typed or printed name of sign	cc	

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