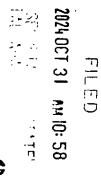
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U!	P WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





10/31/24--01009--012 ++25.00



## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT:	Toastie Po	tato LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	
	Myra	C. Barcas Name of Person	
		e Potato, LLC	
	100:51	Firm/Company	
	12552 NW 7+1	Address	
	Newberry, FL	32G69 City/State and Zip Code	
	toastie potato E-mail address: (	@ 9mail. 60m to be used for future annual report notification	on)
For further information c	oncerning this matter, please co	all:	
Myra C. (	3arcas	at ( <u>352</u> ) <u>538 - 64</u> Area Code Daytime Tel	51
Name o	i r cison	Area Code Daytime Ten	ephone 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		Street Address:	
Registration S Division of C		Registration Section Division of Corpora	
P.O. Box 632	-	The Centre of Talla	
Tallahassee, l	FL 32314	2415 N. Monroe St Tailahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Toastie Potate	to, LLC
(A Florida Limited )	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company	ny were filed on Sept 13, 2024 and assigned
Florida document number <u>L 240 003999 09</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>bilitv company here</u> : №/Д
The new name must be distinguishable and contain the words "Limited Liabil	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: N/A	
(Principal office address MUST BE A STREET ADDRESS)	
	<del> </del>
Enter new mailing address, if applicable: $N/A$	: <del>]</del> 0
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: N/A	address on our records, enter the name of the new register
ment under the new regimened office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>t:</u>
I hereby accept the appointment as registered agent and agra-	erec to act in this canacity. I further agree to comply with th
provisions of all statutes relative to the proper and complete	te performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as I	; 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

. 0/

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
AMBR Myra C. Barcas	Myra C. Barcas	12552 NW 7+h Pl Newberry , FL 32669	🗹 Add
		- NEWDON'S TO SEE SEE	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an efi Note:	ive date, if other than the date of filing: 10/23/2024 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e recor rd is fi	rd 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 led.
Dated	October 23 2024.
	ande
	Signature of a member or authorized representative of a member
	Mura C. Boccas
	Myra C. Barcas  Typed or printed name of signee

Filing Fee: \$25.00