Division of Corporations

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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. **

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· LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FLYING TITA LLC**

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K. SALY

NOV 2 6 2024

COVER LETTER

TO:	Registration Sec Division of Corp							
CLID IC	FLYING T	ITA LLC						
SUBJECT:Name of Limited Liability Company								
The enc	losed Articles of A	Amendment and fee(s) are submitte	ed for filing.					
Please re	eturn all correspor	idence concerning this matter to th	ne following:					
		Mike Town						
Name of Person								
		Legalzoom.com. Inc.						
Firm/Company								
9900 Spectrum Dr								
			Address					
		Austin, TX 78717						
		City/State and Zip Code						
		E-mail address: (to be	used for future annual repo-	rt notification)				
For furth	ner information co	ncerning this matter, please call:						
Mike To	own		800 773-08 at()					
Name of Person Area Code Da			aytime Telephone Number					
Enclosed	d is a check for the	: following amount:						
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

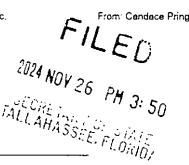
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



FLYING TITA LLC

(Name of the Limited 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 11/12/2024 and assigned Florida document number <u>L24000475577</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Flying Pita Foods LLC The new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

MGR = Manager

LegalZoom.com, Inc.

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	AMBR = Authorized Member					
Title	Name	Address	Type of Action			
						
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			□ Change			
			□ Add			
		All to The	Remove 7			
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	<i>•</i> P	age: 6 of 6	2024-11-26 07:35:11 PST	LegalZoom.com, Inc.	From: Candace f
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<u>Not</u>	<u>te:</u> If the date	c inserted in this block	does not meet the applicable statute	ory filing requirements, this date will n	ot be listed as the
doc	ument's effec	ctive date on the Depar	tment of State's records.		
				ctive time, at 12:01 a.m. on th	ne earlier of:
		ry after the record			
Date	ed	11/26	2024		
Dan		·-	·		
	/S/	Luai Abdo			
			nature of a member or authorized repres	containse of a member	
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	Luai	Abdo			
			Typed or printed name of s	lonec	

Page 3 of 3

Filing Fee: \$25.00