L10000038824

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|-------------------------|--------------------|-----------|--|--|
| (Re | equestor's Name) | | | |
| (Ad | ldress) | | | |
| | | | | |
| . (A d | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Bu | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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FILED
10 APR 16 PM 2: 05
SECRETARY OF STATE
AT LAHASSEE, FLORIDA

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|---|
| SUBJECT: | Three Fi | ine Cooks, LLC | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | Danni Becker | |
| | | Name of Person | |
| | Ti | hree Fine Cooks, LLC | |
| | | Firm/Company | |
| | 22 | 2881 John Silver Lane | |
| | | Address | • |
| | Cuc | djoe Key, Florida 33042 | |
| | | City/State and Zip Code | |
| | three | finecookslic@gmail.com to be used for future annual report notific | ation) |
| For further information | concerning this matter, please c | | ation |
| | anni Becker | at (305) | 395-1048 |
| 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 | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 APR 16 PM 2: 05

| Thua | Fine Cooke II C | SEURE TALLAH | ARY OF STATE ASSEE, FLORIDA |
|---|------------------------------|---|---------------------------------------|
| (Name of the Limited Liabili | Fine Cooks, LLC | rs on our records.) | HOSEE, FLORIDA |
| (<u>Name of the Limited Liabili</u> (A Florida | Limited Liability Company) | , | |
| The Articles of Organization for this Limited Liability Florida document number L10000038824 | Company were filed on | 04/12/2010 | and assigned |
| Florida document numberL10000038824 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company he | <u>re</u> : | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Comp | any," the designation "I | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office ad | | our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR.= Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> **Type of Action** MGRM Pam Spence 55 Two Turtles Lane Key West, Fl. 33040 Remove ☐ Remove ☐ Add Remove \Box Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated APRIL 04 - 13, 2010. Signature of a member or authorized representative of a member Danni Becker

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00