

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Looks Yummy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenrick Brown
Name of Person

Looks Yummy LLC
Firm/Company

5256 Long Road Apt H
Address

Orlando, FL 32808
City/State and Zip Code

Kenrick1986@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenrick Brown at (954) 627-2704
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 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

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

Looks Yummy 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 2/10/16 and assigned Florida document number L16000028695.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

611 Mairre Court
Longwood, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

611 Mairre Court
Longwood, FL 32750

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:

Kenrick Brown

New Registered Office Address:

611 Mairre Court

Enter Florida street address

Longwood

City

Florida

32750

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 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.

Kenrick Brown

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/ CEO / Co-Founder	Henrick Brown	5256 Long Road Apt #	<input type="checkbox"/> Add
		Atlanta, FL 32808	<input type="checkbox"/> Remove
		611 Main Court Longwood, FL 32750	<input checked="" type="checkbox"/> Change
MGR/ Co-Founder	Solomon Morgan	8100 NW 20 th Ct.	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/ President	Freddy Gutierrez	101 W WOODLAND DR	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A vertical stamp on the right side reads: 15 OCT -3 PM 1:32

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____.

Handwritten signature: Kenrick Brown
Signature of a member or authorized representative of a member

Handwritten name: Kenrick Brown
Typed or printed name of signee