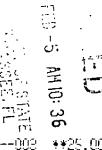
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(Requestor's Name)	
(Address)	
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COVER LETTER

Division of Cor			;
	5 Kitchen SI	More 2LC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	KeshiaLest	Name of Person	
		Firm Company	
	4725 Fla	nders Blod	
	Tallahass	see / 32303	
	MSO4120	City/State and Zip Code One of the Communication of the Code of the Cod	Teation)
For further information c	oncerning this matter, please ca	V	
		at (850) 5/8-0	1845
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

, 0	F	
Keis Kitchen More (Name of the Limited	22 inv as it now appears on our record Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100032039</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		382
		(5)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		
THE REGISTERS AND PROGRESS.	Enter Florida street addre	ss
	. FI	orida
	City	Zip Code
Now Degistered 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 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	Ianager	
431DD -		1 1	

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\mathbf{A}	чвк	= .	Autho	rized	Mt	mbei

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
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	***	<u></u>		
ective date	if other than the date of filing:		(optional)
i effective date <u>te:</u> If the da	is listed, the date must be specific and continue in this block does not medictive date on the Department of Sta	annot be prior to date of filin et the applicable statutory	g or more than 90 days after filing	g.) Pursuant to 605.0207
cord specifi s filed.	s a delayed effective date, but not a	n effective time, at 12:01	a.m. on the earlier of: (b) T	he 90th day after the
ed 2/3	12021			
	Medical	ember or authorized represer	stative of a member	
	J. Signature of infine	anner or admonized represer	matric of a member	
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