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· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:(^N) (.	ISINE 1LC
<u> </u>	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
	·
	Toan Ferril
	Name of Person
	CNJ RAMANIE CUISINE
	Firm/Company
12	CNJ RANGE CUISINE SSEFSTAIR 7 Calatha Do FITTIE
_ (>	Address
(
	Orlando FL 32818 City/State and Zip Code 120
C	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
JOAN FERRIL	321. 22. 1/2//2
Name of Person	at (321) 217-1643. Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
	ficate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Adduss.	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CN.	CuisiNE LLC		
(<u>Nam</u>	of the Limited Liability Company as it now (A Florida Limited Liability Cor	r appears on our records.) npany)	
The Articles of Organization for this Florida document number $\angle 210$	S Limited Liability Company were filed	l on	and assigned
This amendment is submitted to am	end the following:		
	ew name of the limited liability comp	;·····	23.839 2
The new name must be distinguishable and	contain the words "Limited Liability Compan		
Enter new principal offices addre (Principal office address MUST B.			All 2:34
Enter new mailing address, if app (<u>Mailing address MAY BE A POS</u>			
B. If amending the registered ago agent and/or the new registered of	ent and/or registered office address of ffice address here:	n our records, <u>enter the name</u>	of the new registered
Name of New Registered New Registered Office A	Agent: JOAN FERRI	hen Or Enter Florida street address	
	Dolando 1	, Florida	3 2 8 1 8 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.

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person from our records:	(s) authorized to ma	mage, enter the title, name, and address of each	person being ad-
MGR = M AMBR = A	fanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
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Effective date, if oth (If an effective date is listed Note: If the date inser document's effective d	d, the date must be speci ted in this block does	cific and cannot be prior to date of as not meet the applicable state	filing or more than 90 days after	r filing.) Pur	suant to 60 not be lis	5.0207 (ted as (
ne record specifies a del ord is filed.	ayed effective date, b	but not an effective time, at 12	2:01 a.m. on the carlier of: (1) The 90	th day aft	er the
Dated 12 - 20	2020					
Duitti		\mathcal{L}				
	Signatur	Terms are of a member or authorized rep	resentative of a member			
	10					
JOAN	N FERRI					

Filing Fee: \$25.00