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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
CUDIECT.		CUISINE LLC.			
SUBJECT:		Name of Lim	ted Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing		
			-		
riease returi	i aii correspo	ndence concerning this matter	to the following:		
		ANDREAS VISILIAS			
			Name of Person		
		 	Firm/Company	 ·	
		4056 BAYSHORE DRIVE			
			Address		
		NAPLES, FLORIDA 3411	2-6594		
			City/State and Zip Code		
		info@befreshcuisine.com			
		E-mail address: (1	o be used for future annual	report notification)	
For further i	nformation c	oncerning this matter, please ca	all:		
NEREYDA	JIMENEZ		609 40: at ()	2-1633	
	Name o	f Person	Area Code	Daytime Teleph	none Number
Enclosed is	a check for th	ne following amount:			
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Ac		
	gistration S vision of C	section orporations	-	ation Section n of Corporati	ons
	D. Box 632	•		ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE FRESH CUISINE LLC.	
(Name of the Limited I (A)	iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 10-12-2021 and assigned
Florida document number L21000446021	·
his amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
R. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new registere
agent and/or the new registered office address h	
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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CECILIA V FRANCO SNYDER	1395 MARIPOSA CIR #102	
		NAPLES, FL 34105	
			■Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
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			Remove
			□Change

REMOVE PREVIOUS P	PROVISION FILED ON 10/12/21.
THIS AMENDMENT PR	ROVIDES FOR THE NEW PROVISION AND DIVISION OF LLC
OWNERSHIP/MANGEM	MENT/MEMBERSHIP AS FOLLOW:
ANDREAS VISILIAS 50)%
STEPHEN SLIFER 50%	
· · · · · · · · · · · · · · · · · · ·	
	
ote: If the date inserted in this	the date of filing:
ecord specifies a delayed effectis filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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10/13 ated	
ated	

Filing Fee: \$25.00