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COVER LETTER

Registration Section

Tallahassee, FL 32314

го:

Division of Corpora	ations	•		
SUBJECT:	Culinary T	Drettan LLC ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
	Eliza	Name of Person	TS	
-	Me Cu		train LLC SECTION PM 3: 04 RIVE SEE FL Cation) - 4834 Telephone Number	
	590 S	Address D	RIVE DISS	F-1
-	Jupiter	City/State and Zip Code	SEE FA	-172
_	E-mail address: (to	es. rd @ gma be used for future annual export notifi	cation)	
For further information conce	erning this matter, please call	:		
E12abeth Name of Per	n Fuentes	at (913) UNI Area Code Daytime	- 4834 Telephone Number	
Enclosed is a check for the fo	llowing amount:			
S1.\$ 25.00 Filing Fee C	3 \$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)	
<u>Mailing Address:</u> Registration Sect		Street Address; Registration Sec		
Division of Corp P.O. Box 6327	orations	Division of Corp The Centre of Ta		
I.O. DOR OUGH		THE COMMON TO		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Culinamy Dietatran IIC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L23000 + 08 203</u>	on <u>8130 7073</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>8 73 73 73 73 73 73 73 73 73 73 73 73 73 </u>
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new registere
agent and/or the new registered office address here:	3: 04 STATE
Name of New Registered Agent:	
New Registered Office Address: Ent	er Florida street address
	Florida

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.

City

Zip Code

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
MER	Elizabeth Frantes	590 Scrubjay DR	_ X QAdd
		Jupiter FL 33458	□Remove
			□Change
AMBR	Manuel Frantes	590 Scrubjay DR	
		JUPITER FL 33458	□Remove
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			□Adđ
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