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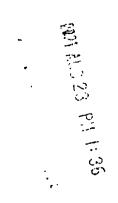
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COVER LETTER

TO: Registration Sec Division of Cor			•
	L'S KITCHEN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STEVENSON PAUL		
		Name of Person	<u>L</u> ,
	-4		
		Firm/Company	
• •	2560 N CANTERBURY I	DRIVE N	
		Address	
	RIVIERA BEACH, FL 33	407	
	26)	City/State and Zip Code	
	venson2@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
STEVENSON PAUL		561 766-3645	
Name o	f Person	Area Code Daytim	e l'elephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, l		2415 N. Monro Tallahassee, Fl.	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEF PAUL'S KITCHEN 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 $\frac{02/02/2021}{}$ _____ and assigned 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVENSON PAUL	2560 N CANTERBURY DRIVE N	□Add
		RIVIERA BEACH, FL 33407	Remove
			■ Change
			□Add
			□Remove
			□Change
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			Remove
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tive date if other than t	the date of filing:	(op	tional)
ffective date is listed, the date	must be specific and cannot be prior to d	ate of filing or more than 90 days aff	er filing.) Pursuant to 605
If the date inserted in the ment's effective date on the	s block does not meet the applicable e Department of State's records.	e standary timig requirements, o	iis date will not be usi
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ord specifies a delayed effe	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after
filed.			
08/10/2021			
d			
	11501 Paul Signature of a member or authorize		
(1 LO 10			