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DocuSign Envelópe ID: FA95B06E-BBB4-49DB-9EED-EF5AF61E6EB4 COVER LETTER

	gistration Se vision of Cor			
OUNTEGE		ESTIGE KITCHENS, LLC		
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JOHN R. LINN, JR		
			Name of Person	
			Firm/Company	
		783 E. MIRACLE STRIP	PKWY	
			Address	
		MARY ESTHER, FL 325	69	
			City/State and Zip Code	
		jlinn@sims-lohman.com	- t (C- C	E()
			to be used for future annual report noti	rication)
For further:	information co	oncerning this matter, please c	all:	
John R. Lir	m, Jr.		850 862-6822	
Name of Person Area Code Daytime Telephone Nur		e Telephone Number		
Enclosed is	a check for th	te following amount:		
≡ \$25.00	Filing Fee	☐ S30.00 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 enclose

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAY'S PRESTIGE KITCHENS, INC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 19, 2004 an	d assigned
Florida document number L04000013696		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CAB1833, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	1833 HURLBURT RD	<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEACH, FL 32547	
	<u></u>	<u> </u>
	;. · · · · · · · · · · · · · · · · · · ·	= -m
Enter new mailing address, if applicable:		- =
(Mailing address MAY BE A POST OFFICE BOX)		포 = -
		- F.
		20
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the	e new regist
igent analor the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	, Florida	
	City Zip C	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.

DocuSign Envelope ID: FA95B06E-BB84-49DB-9EED-EF5AF61E6EB4 mamenting Authorized rerson(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>	Name	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
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	May 21, 1	2021		
fective date, if other than the in effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 1.	date of filing:	ior to date of filing or licable statutory fili	more than 90 days after t ing requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective	: time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
May 21	2024			
iicu				
John linn				
May 21 Docusigned by. John Linn SCIBECKTARASSICE	Signature of a member or au	thorized representativ	e of a member	

Filing Fee: \$25.00