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### COVER LETTER

TO: Registration Sec Division of Corp	orations	3 *	<b>`</b>
SUBJECT: The S	nooty Fox K	itchen Empore	ium, LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ze' Car	Name of Person	······
	<del></del>	Firm/Company	
	100 8 Cot	tonwood Stre	et_
	<u>leesburg</u> Zecarte	City/State and Zip Code  Cr S acl. Com  to be used for future annual report notific	
	E-mail address: (	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Ze' Cart	Person	at (352) 455 Area Code Daytime	- 49/5 Telephone Number
Enclosed is a check for the	e 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)
MATL	NC ADDECS.	STDEET/COUDIE	D A DODESS.

### MAILING ADDRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	
OF	יז	15 m 1 1 1 1 1 1
The Snooty Fox Kitcher  (Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	AN ARRONAL PARES
The Articles of Organization for this Limited Liability Company v Florida document number <u>LOHOOOH28</u> 99	vere filed on	and assigned Control
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  The Kitchen Cooking S  The new name must be distinguishable and end with the words "Dimited Liabil		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	100 8 Cottonwood	
	Leesburg, FL	34748
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1008 Cottonwood	Street
	Leesburg, FL 31	8474
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>ame</u>	Address	Type of Action  □ ∧dd
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antenung any omer morm	ation, enter change(s) here. (Mitach additional sheets, if necessary.)
	GRY Address change
1008 Cotto	n wood St
Leesburg	
0 (	Zei Shieca I Carter
	Lennard A Carter, Jr
the date this document is filed by the F	e date of filing:(optional) nnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
e effective date must be specific, can	e date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, can be date this document is filed by the F	e date of filing:(optional) nnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
e effective date must be specific, can be date this document is filed by the F	e date of filing:(optional) unot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) , 2015 .

Page 3 of 3

Filing Fee: \$25.00