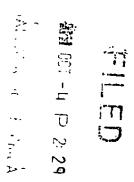
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Office Use Only

Florida Department of State Division of Corporations

October 1st 2018

To whom it may concern

My name is Audrey L Green, and I am the owner of Audreys Gourmet Run Cakes, I submitted a letter dated 9/10/2018 requesting a name change to Audreys Jamaican Cuisine.

File #L18000135373 Document # L09000088694

Telephone #941-928-3309
Restaurant address 4463-D Ashton Rd
Sarasota Fl 34233

Mailing add..6218 Aventura Dr. Sarasota Fl 34241

Lee

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2018

AUDREY GREEN 4463-D ASHTON RD SARASOTA, FL 34233

SUBJECT: AUDREY'S GOURMET RUM FRUIT CAKES, L.L.C.

Ref. Number: L09000088694

We have received your document for AUDREY'S GOURMET RUM FRUIT CAKES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s)

It appears that this company has already been filed (please see attached prints out).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00019908

COVER LETTER

	y's Jamaican Cuisine	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.	
Please return all co	respondence concerning this matter to the following:	
	Audrey Green	
	Name of Person	
	Audrey'a Jamaican Cuisine	
	FirmvCompany	
	4463-D Ashton Rd	
	Address	
	Sarasota Fl 34233	陰
	City/State and Zip Code - algreen9253@gmail.com	10 - 10 (10)
	E-mail address: (to be used for future annual report notification)	- ;
For further informa	ion concerning this matter, please call:	ָ ס־
Audrey Green	941 928-3309 at ()	2: 2
N	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate Certified Copy (Certified Copy tadditional copy is enclosed)	of Status &

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

KAUT RUIM CAKES LL The Articles of Organization for this Limited Liability Company were filed on $\frac{04/06/2018}{1}$ and assigned Florida document number 312327 L0900008694 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 registered agent and/or the new registered office address here: J ٠,-Name of New Registered Agent: New Registered Office Address: Enter Florida street adaress

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 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>	Name	Address	Type of Action
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			Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change

		Remove	
			D Change 1
			E Add II
			Add Remove
			□ Change
			Add
			□ Remove

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Page 3 of 3

Filing Fee: \$25.00