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K.SALY EXAMINER NOV 9 2011

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	J&K CUISINE	MANAGEMENT LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
		JOSUPEIT INES		
		Name of Person		
	J&K CU	JISINE MANAGEMENT LI	_C	
		Firm/Company		
	2745 1ST ST. #1302			
		Address		
	FOR	RT MYERS FL 33916 US		
		City/State and Zip Code		
	INES.J	OSUPEIT@YAHOO.COM	<u>/</u>	
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report not call:	iffication)	
IN	ES JOSUPEIT	at (239)	822-9745	
Name	of Person		me Telephone Number	
Enclosed is a check for	the 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 enclosed)	
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



J&K CUISINE MANAGEMENT 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 Li		11/18/2009	and assigned	
Florida document numberL09000111				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or the new registered of		ur records, <u>enter (</u>	the name of the new	
Name of New Registered Agent:	INES JOSUPEIT	<u> </u>		
New Registered Office Address:	2745 1ST ST. #1302			
	Ent	er Florida street ada	Florida street address	
	FORT MYERS	, Florida	33916	
	City		Zip Code	
New Registered Agent's Signature, if changing R	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	SUSANNE K	KOCH	1226 SE 40TH STREET BAPE CORAL, FL 33904	Add Remove
				Add Remove
D. If amend	ling any other info	rmation, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
_				_
				- -
Dated		<i>D</i> , «	ber or authorized representative of a member	,
	 	lhes	OSUBRI od or prijfied name of signee	

Page 2 of 2

Filing Fee: \$25.00