

Mar 09 00 12:50p

A1a Incorporation

3053752811

p.1

L100000012611

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000053622 3)))



H100000536223ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

MAR 10 2010

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9685

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 MAR -9 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE EDIBLE EDUCATOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -9 AM 11:15

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H100000536223

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

THE EDIBLE EDUCATOR, 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 02/02/2010 and assigned
Florida document number L10000012611.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MY CUISINE COACH, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

409 RUTH LN

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32801

Enter new mailing address, if applicable:

409 RUTH LN

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32801

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:

SUSAN E HARRELL

New Registered Office Address:

409 RUTH LN

(Enter Florida street address)

ORLANDO

(City)

Florida 32801

(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 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)

FILED
MAR - 9
AM 11:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

H100000536223

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

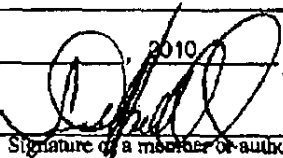
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Managing Member SUSAN E HARRELL's address has been changed to:

SUSAN E HARRELL, 408 RUTH LN, ORLANDO FL 32801

Dated MARCH 3RD



Signature of a member or authorized representative of a member

SUSAN E HARRELL

Typed or printed name of signer

Page 2 of 2

FILED
10 MAR -9 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA