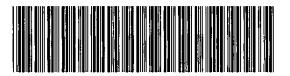
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(Re	questor's Name)	
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## **COVER LETTER**

	ision of Corp		* '	
SUBJECT:	THE COOK	ING MASTERS LLC		
oon zer.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		BEATRIZ GIUNTOLI		
			Name of Person	
		THE COOKING MASTE	RS LLC	
			Firm/Company	
		800 E HALLANDALE BE	EACH BLVD, SUITE 20	
		A STATE OF THE STA	Address	
		HALLANDALE BEACH,	FL 33009	
			City/State and Zip Code	
		bgiuntoli@thecookingmaste	ers.com to be used for future annual report notifi	ogtion)
For further in	nformation co	oncerning this matter, please ca	·	cauony
BEATRIZ (	GIUNTOLI		954 456-2700 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

THE COOKING MASTERS LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000035026</u> .	were filed on MARCH 03, 2014 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4121 SW 47th AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 1313			
	DAVIE, FL 33314			
Enter new mailing address, if applicable:	4121 SW 47th AVENUE			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 1313			
	DAVIE, FL 33314			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	Emer Florida street address			
	, Florida			

### 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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change
		_	
			□ Remove
			Change
		ABAN	□ Remove
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			Change

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Effective date, if other than the date of filing: (optional) fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	y Pursuam to 605,0207 will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier o
The 90th day after the record is filed.	
Dated July 13 , 2015 .	
Paultota	
Signature of a member or authorized representative of a member	
Bushin guintoui	

Page 3 of 3

Filing Fee: \$25.00