L1500037326

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COVER LETTER

TO: Registrat Division						
	SLAND (CUISINE ,LLC.				
SUBJECT:	<u>.</u>	Name of Lim	ited Liability Company	 		
		nendment and fee(s) are sub-	-			
Please return all co	orrespond	ence concerning this matter	to the following:			
		CLAUDETTE O. BATTS,	, ESQ			
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
	CLAUDETTE O. BATTS, P.A.					
			Firm/Company			
9710 EAST INDIGO STREET # 202						
			Address		an's Tanana	<u>_</u>
		PALMETTO BAY, FLO	RIDA 33157			2015 HAY
			City/State and Zip Code		并AS	3
		E-mail address: (to be used for future annual report notification	ation)	X 04.	
For further informa	ation con	cerning this matter, please ca	all:			_ general
CLAUDETTE O.	BATTS		305 3288446 at ()		AG AG))
1	Name of P	erson		elephone Number		
Enclosed is a chec	k for the	following amount:				
■ \$25.00 Filing l	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e 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

ISLAND CUISINE,LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L15000037326	ility Company were filed on FEBRUARY27,2015	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	20 20
(Principal office address MUST BE A STREET	ADDRESS)	
		ASS 2
Enter new mailing address, if applicable:		PR FI
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	DONE INC.
		25 25 E
B. If amending the registered agent and/or registered agent and/or the new registered offic		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Спу	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL HENDRICKS	13740 SW 152 ST. MI. FL 33177	Add
-			□ Remove
			Change
AMBR	CHRISTINE HENDRICKS	13740 SW 152 ST. MI.FL 33177	Add
			Remove
			Change
			□ Remove
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Filing Fee: \$25.00