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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Marie's Kitchen LLC  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Myriande Charles
Myrvande Charles Name of Person
Marie's Kitchenel
Firm/Company
707 Ne 125th Street
Address
North Mari FL 33161
City. State and Zip Code  £ 1 + 6 & 1 + 4 & 11 + 15 \ Surance \com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Myriande Cwries  at (305) 762 - 0848  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \text{S25,00 Filing Fee & Certificate of Status} \Bigcup \text{S55,00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60,00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60,00 Filing Fee, 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

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TAILAHASSEE, FLORID.

Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) Florida document number L 150000 402 41 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ISIZNO ON THE GAILL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.E.C" or the abbreviation "L.E.C." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

. Florida

	g Authorized Person(s) authorized to π   from our records:	ianage, <u>enter tl</u>	ie title, name, and address of each	h person being addec
MGR = A			EILED 2017 DEC 26 PM 3: 20	
	Authorized Member		2017 DEC 26 PM 3: 20	
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Filing Fee: \$25.00