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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: Margie's Lil' Island Kitchen LLC 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:
Jorge L Crespo Name of Person
Margie's Lil' Island Kitchen LLC
1409 Manor Ct. Address
Kissimmee, FL 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge / Crespo at (407) 580 9211 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

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**

Margie's Lil' Island	Kitchen L y Company as it now appea Limited Liability Company)	LC	
(Name of the Limited Liabilit (A Florida	Y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C. Florida document number <u>L15000078943</u>	ompany were filed on	May 5, 2013	5 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company ho	ere:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the d	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	F (F)-	rida street address	
	Enter 1101	riaa sireei aaaress	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered agong being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of tent as provided for in (d office address, I herel	my duties, and I am j Chapter 605, F.S. Or, by confirm that the lin	familiar with and if this document is nited liability
	If Changing Registered Ag	gent, Signature of New Re	
	Page 1 of 3	FINE	D :: 8

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgr.	Franklin Alberto Sanchez	2700 Montego Bay Blud. Kissimmee, FL 34746	
Ū		Kissimmee, FL 34746	Remove
			Change
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ctive da r	te, if other than that is listed, the date m	he date of filin	ig:	to date of filing or	more than 90 days	optional)	uant to 605 020
<u>e:</u> If the o	date inserted in this ffective date on the	block does not	meet the applic	able statutory fili	ng requirements	, this date will r	not be listed a
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ecord s	pecifies a delay day after the re	ed effective	date, but no	t an effective	time, at 12:0	01 a.m. on t	he earlier (
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_		Signature of a	Member of author	orized representative	e of a member	- 1314 o	
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Filing Fee: \$25.00