15000/27338

| (Descriptor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Cor | porations | | |
|--------------------|----------------|--|--|---|
| SUBJECT: | YUMFIE C | DRGANIC KITCHEN LLC | | |
| SUBJECT: | | Name of Lim | sted Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Annie C Jean Simon | | |
| | | , | Name of Person | |
| | | | Firm/Company | |
| | | 206 waterway village Ct | | |
| | | | Address | |
| | | Greenacres, Fl. 33413 | | |
| | | eindyannie2611@hotmail.c | | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For further i | nformation c | oncerning this matter, please ca | alł: | |
| Annie C Jea | ın Simon | | 561 727-4828 | |
| | Name o | f Person | at () Area Code Daytii | ne Telephone Number |
| Enclosed is | a check for tl | ne following amount: | | |
| □ \$25.00 H | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed) |
| | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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Registration Section

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 26, 2018

ANNIE C JEAN SIMON 206 WATERWAY VILLAGE CT. GREENACRES, FL 33413

SUBJECT: YUMFIE ORGANIC KITCHEN LLC

Ref. Number: L15000127338

We have received your document for YUMFIE ORGANIC KITCHEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00003940

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUMFIE ORGANIC KITCHEN 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 $\underline{07/27/2015}$ and assigned Florida document number $\frac{1.15000127338}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARABELLA RESTAURANT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. | (optional) fore than 90 days after filing.) Pursuant to 60, g requirements, this date will not be list | 5.0207 ted as |
| record specifies a delayed effective date, but not an effective the 90th day after the record is filed. | ime, at 12:01 a.m. on the earli | ier o |
| ted | | |
| Annie C Tean Simon | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00