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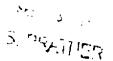
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COVER LETTER

Division of Corporations				
subject: M u J 13	Name of Linkil	un Kitch. ed Liability Company	en, 16	<u> </u>
The enclosed Articles of Amendmen	nt and fee(s) are subm	itted for filing.		
Please return all correspondence cor	neeming this matter to	the following:		
	,	Thompson Name of Person		
<u> </u>	Mnd Bus	Firm/Company	Kitche	n, 260
	520 A	Pine Ave		
	Sanibe	F1. 3	3957	
		be used for future annual re		
For further information concerning t		•		
Larry C. Tho Name of Person	mpson	at (239) S Area Code	565- Daytime Teleph	8484 one Number
Enclosed is a check for the followin	g amount:			
	00 Filing Fee & tificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	My J By S	s Ca	i ya k	Citchen	1440
	(<u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited	i <mark>hy as it now a</mark> j Liability Comp:	ppears on our recor any)	ds.
0.0			۳. ا	a+	26 2015

Florida document number 415000182004 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mudbuss Caiun Kitchen LLC.

The new name must be distinguishable and contain the words "United 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.

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			☐ Remove
		-	☐ Remove
			☐ Change
		Add	
		-	☐ Remove
			Change
		.	
			□ Remove
			☐ Change

•	
(If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9-7-18
	Signature of a number of authorized representative of a member
	Lary e Thompson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00