L16000001328

Office Use Only



500321601325

12/17/18---01024---002 **25.00

N. CAUSSEAUX JAN 4 2019

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: SCA	1011 00 001	a LLC ited Liability Company	
	Name of Chin	icu Gaomiy Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
rease return an enrespe	macrice exilication in the macri	g.	
	Sherena	Nint-Brown)
	0	Name of Person	
	Ocarlett	Se Leva, LL	C
	11485 Silk	Carnation No	y Apt F
	0.4	Address	\mathcal{J}_{\perp}^{-1}
	Pount Pala	n Kench ti 3	3411
	Today Joseph	City/State and Zip Code	-
	E-mail address: (t	to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	all:	
<u> </u>		at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section	STREET/COURI Registration Section	หา
	on of Corporations ox 6327	Division of Corpor Clifton Building	
Tallah	assec, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scarlett Se Le	VO, LLC Company as it now appears on o	ur records.)
(A Florida Li	mited Liability Company)	01/02/
The Articles of Organization for this Limited Liability Con Florida document number <u>L100000/328</u>	npany were filed on 10/	31 /2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
BOOK Foods Consulting	11 C	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		J-16
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		records, enter the name of the new
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		= · · · · · · · · · · · · · · · · · · ·
	Enter Florida str	vet address
		Florida
	City	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:

MGR = Manager AMBR = Authorized Member

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

				· ····		
			· ·			0.00
					·	
						T)
						· · · · · · · · · · · · · · · · · · ·
					. <u></u>	
<u></u>						
						.
~. 						
						· · · · · · · · · · · · · · · · · · ·
fective date, if other the effective date is listed, the	han the date of f	iling:	refor to duta of	filing or more than	(optional)) Purculant to 605 0
ote: If the date inserted incument's effective date of	n this block does r	not meet the a	pplicable state	atory filing requir	ements, this date	will not be listed
record specifies a c The 90th day after t			t not an eff	ective time, a	t 12:01 a.m.	on the earlier
ned Decembe	er 12	2	018			
			BMA	esentative of a mer		

Page 3 of 3

Filing Fee: \$25.00