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COVER LETTER

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SUBJECT:	In	novative	Cookwa Name of Limited	are Sol	utions	LLC		
	-			,	,			
The enclosed	Articles of	Amendment and f	ec(s) are submi	tted for filing.				
Please return	all correspo	ondence concerning	g this matter to	the following:				
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				Name of Pers	on		2016	wasty way
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						gmail. co	<u>~</u>	
For further in	formation c	oncerning this mat	ter, please call:					
De	rek	Monk		at (56 1	_)339	-9864	ī	
	Name o	f Person		Area Cod	le Daytii	me Telephone Nu	mber	
Enclosed is a	check for th	ne following amou	nt:					
\$25.00 Fi	ling Fee	□ \$30.00 Filin Certificate	•	Certified Co	рру	Certi Certi	0 Filing Fee, ificate of Status & ified Copy ional 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

Innovative Cook ne						
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)					
The Articles of Organization for this Limited Liability C	Company were filed on 03/09/2016 and assigned					
Florida document number <u>L16000048866</u>	.					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ited liability company here:					
<u>Kitch Invention</u>	ns LLC					
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	(ESS)					
	مورس هم المراجع المراجع المراجع المراجع المراج					
Enter new mailing address, if applicable:	CO. Contracts					
(Mailing address MAY BE A POST OFFICE BOX)	(/)					
	The second secon					
	S:					
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new					
						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered	d 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:

	Name	Address	Type of Action
			Add
			□ Remove
 			Add
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ective date, if other than effective date is listed, the date te: If the date inserted in the ument's effective date on the	e must be specific and is block does not t	d cannot be price meet the appli	cable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) nents, this date v	Pursuant will not b	to 605.02 e listed
record specifies a dela he 90th day after the	ayed effective or record is filed.	date, but n	ot an effec	tive time, at	12:01 a.m. c	on the e	earlier
ed July	6th	, 2016	. ــــــــــــــــــــــــــــــــــــ				
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