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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status /	· ` . · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT:	en, LLC		
50Bae(1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacky He		
		Name of Person	···
	He's Kitchen LLC		
		Firm/Company	
	19373 Pummelo Drive		
		Address	
	Orlando, FL 32827		
		City/State and Zip Code	
	jckyhe@yahoo.com	to be used for future annual report notif	·
For further information c	oncerning this matter, please of	•	ccation)
Jacky He		352 434-8828 at (,)	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

He's Kitchen LLC						
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)					
ne Articles of Organization for this Limited Lia orida document number L16000055987		and assigned				
is amendment is submitted to amend the follo						
. If amending name, enter the new name of the limited liability company here:						
e new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."				
nter new principal offices address, if applica	ble:					
Principal office address MUST BE A STREET	ADDRESS)					
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> . If amending the registered agent and/or the new registered off	or registered office address on our records, ente	er the name of the				
Name of New Registered Agent:						
New Registered Office Address:						
The Registered Office (tadiege,	Enter Florida street address	71 8				
	, Florida	<u> </u>				
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joey Chen	19373 Pummelo Dr,	⊟ Add
		Orlando, FL 32827	Remove
Treasurer	Judy He	19373 Pummelo Dr,	Add
		Orlando, FL 32827	□ Remove
			□ Change
			Add
		 	Remove
		 	Change
		Add	
			□ Remove
			□ Change
			Add
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ective date, if other than t	he date of filing:				(optional)		
ective date, if other than to effective date is listed, the date is tet. If the date inserted in this	nust be specific and cannot be	prior to d	ate of filing or	more than 90 d	ays after filing.) Pursuant to will not be	o 605. • liste
cument's effective date on the	Department of State's rec	cords.	statutory in	mg requireme	ms, ms date	Will flot be	11510
record specifies a delay he 90th day after the r		it not a	n effective	time, at 1	2:01 a.m.	on the e	arlie
red May 16,	, 2016						
	· .						_
	Signature of a member o	r authorize	d representati	ve of a member			

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Filing Fee: \$25.00