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(Business E	ntity Name)			
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SECRETARY OF STATE

K. SALY JAN 3 0 2017

COVER LETTER

	sistration Se ision of Cor					
SUBJECT:		ry Ventures, LLC				
Name of Limited 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:			
		David Lanster				
		· · · · · · · · · · · · · · · · · · ·	Name of Person	· · · · · · · · · · · · · · · · · · ·		
		DK Culinary Ventures				
			Firm/Company			
		12925 SW 107 Court				
			Address			
		Miami, FL 33176				
		David@DKCulinaryVentur	City/State and Zip Code es.com	 -		
		E-mail address: (to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
David Lanste	er		305 9685230 at ()			
	Name of	f Person		Telephone Number		
Enclosed is a	check for th	ne following amount:				
\$25.00 F	iling 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 ORGANIZATION OF

FILED 2017 JAN 26 PM 12: 16

DK Culinary Ventures 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 and assigned Florida document number L16000085740 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Lanster	12925 SW 107 Court	
	 	NO. : FT COURT	■ Add
		Miami, FL 33176	□ Remove
			☐ Change
			□ Add
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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.	:
Dated January 23, 2017. Signature of a member or authorized representative of a member	
Day C Lauster Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00