

L1600011446S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

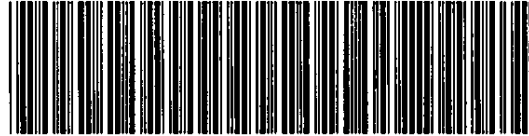
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200289180252

08/29/16--01035--013 **25.00

FILED
2016 AUG 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kings Kitchen LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yizenia Hernandez
Name of Person

Kings Kitchen
Firm/Company

1259 Williams St
Address

Port Myers, FL 33910
City/State and Zip Code

YizeniaH23@fcloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yizenia Hernandez at (239) 565-2494
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Kings Kitchen 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 8/19/2016 and assigned Florida document number LL000114465

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 "L.L.C."

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)

FILED
2016
AUG 29 P 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, Florida 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Yizenia Hernandez	1259 Williams St, Fort Myers, FL 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

MGR ☐ Change
~~XXXXXXXX~~ OSvaldo morrobel 1466-3 Park Shore Cir ☒ Add
 fort myers, fl 33906 ☐ Remove

☐ Change

☐ Add

[Remove](#)

☐ Change

☐ Add

[Remove](#)

☐ Change

_____ ☐ Add

[Remove](#)

Change

_____ ☐ Add

☒ Remove

Change

7:00 Change
7:30 Add
9:00 Remove
12:50 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Yizenia Hernandez is the ONLY
person authorized to make
ANY changes.

E. Effective date, if other than the date of filing: _____ (optional)

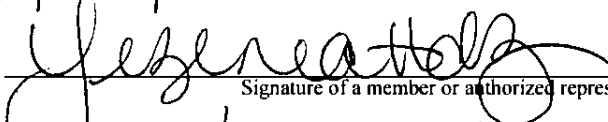
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/19/2010



Signature of a member or authorized representative of a member

Yizenia Hernandez

Typed or printed name of signee

2010
AUG 19 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED