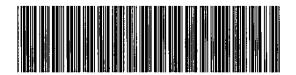
LICONISION

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COVER LETTER

	Registration Se Division of Cor			
CUD IEC	The Kountr	y Kitchen of Ruskin LLC		;
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	,
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Barbara J Detty		
			Name of Person	
		The Kountry Kitchen of Re	uskin LLC	
			Firm/Company	
		PO Box 6305		
			Address	
		Sun City Center, FL 33571	l	•
For furthe	er information co	Tina De Hy 229 E-mail address: (1) oncerning this matter, please ca	City/State and Zip Code Com Com Com Com Com Com Com Co	tification)
Barbara J	Detty		813 270-3026	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	20160ar 1.	7 PH 5: 09
The Kountry Kitchen of Ruskin LLC	56.	PH 5
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records, he was it now appears on our records.	n= 0.0g
	SEE	对常
The Articles of Organization for this Limited Liability Company w	ere filed on September 28, 2016	and assigned
Florida document number L16000181001		
	1	
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the limited liabilit	ty company here:	
		:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation,"L.L.C."
Futou many maintainal affices address if annihables	•	•
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)		1
•		
B. If amending the registered agent and/or registered office	ce address on our records, enter the	name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D 1007		
New Registered Office Address:	Enter Florida street address	i

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

If amendin	g Authorized Person(s) authorize <u>from our records</u> :	d to manage, <u>enter the title, name, an</u>	d address of each person being adde
MGR = N AMBR = A	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Barbara J Detty	2702 E College Ave	Add
	,	Ruskin, FL 33570	□ Remove
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			Remove
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	a delayed effectiv	re date, but not ed.	an effective t	ime, at 12:01	a.m. on the	earlier (
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Filing Fee: \$25.00