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COVER LETTER

	egistration Sect livision of Corpo		,	•
SUBJECT	r: Onz	Name of Lim	AN CUISINE & S nited Liability Company	safood UC
The enclose	sed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspond	lence concerning this matter	to the following:	
		Kimron B	reyary	
		C	Name of Person Res	humant
		6456 NV	V FRENZE ST Firm/Company	·
		Port ST	Lucia FL Address	
			34953	
			City/State and Zip Code	
		E-mail address:	SO @ GMALL. COM	ncation)
For furthe	r information cor	ncerning this matter, please o	call:	
K	impon Name of I	Bryan Person	at (<u>772</u>) <u>333</u> Area Code Daytim	7954 e Telephone Number
Enclosed !	is a check for the	following amount:		
\$25.00	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)

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

ONE LOVE JAMMICAN CHISINE & Saafood 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 425/2017 and assigned
Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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)
3. 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
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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 ligitity company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Man AMBR = Auti	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Shane A. Cole	1925 SW GUERNSEY ST	_A Add
		1925 SW GUERNSEY ST Port St Laure FL 34987	Remove
			Change
			□ Add
			🗆 Remove
			Change
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lote: If the date insert	ed in this block does no	ot meet the applicable st	of filing or more than 90 day atutory filing requiremen	ys after filing.) Pursuant to 605.02 its, this date will not be listed
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	Signature of	f a member or authorized r	epresentative of a member	P 72
17	· 20	(20)		Sign of the
K	IMKON DIA	Typed or printed name	e of signee	—————————————————————————————————————
				₽₽ 2

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Filing Fee: \$25.00