| Llacops | 3501 |
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| (Requestor's Name) (Address) (Address) | 700306017547 |
| (City/State/Zip/Phone #) | 11/28/1701008007 ★★25.00 |
| Certified Copies Certificates of Status | 2017 NOV 27 FALL: 34 |
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| TO: Registration Se Division of Cor | ction | COVER LETTER | |
|--|--|---|--|
| Mac and Ch | neese Parkland LLC | | |
| | Name of Lim | nited Liability Company | |
| | Amendment and fee(s) are sub | | |
| Please return all correspo | ndence concerning this matter Delia Valles | to the following: | |
| | | Name of Person | |
| | Mac and Cheese Parkland | LLC | |
| | | Firm/Company | |
| | 621 NW 53rd Street #360 | | |
| | Boca Raton, FL 33487 | Address | |
| | deli@iheartmacandcheese.c | | ····· |
| For further information c | oncerning this matter, please e | to be used for future annual report not all: | incation) |
| Delia Valles | | 561 300-5343 | |
| | f Person | at () | ne Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr Divisio P.O. B | ING ADDRESS: ation Section n of Corporations bx 6327 issee, FL 32314 | STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 33 | on orations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mae and Cheese Parkland LLC | | |
|--|--|--|
| (<u>Name of the Limited Liability Compa</u> | ny as it now appears on our records.) | |
| (A Pionda Limited I | Clabinty Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 11/21/2016 | _ and assigned |
| | ······ | |
| Florida document number <u>L16000213501</u> . | | |
| This amendment is submitted to amend the following: | | |
| This amendment is submitted to amend the following. | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabil | En Commune "the destination of I C" or the other | visition "L. L. C." |
| The new name must be distinguishable and contain inewords. Limited Liabi | | viation fallact |
| Enter new principal offices address, if applicable: | 621 NW 53rd Street #360 | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33487 | |
| <u>(Frincipal vijice adaress MOST DE A STREET ADDRESS)</u> | | |
| | · | |
| | | N 777 |
| Enter new mailing address, if applicable: | | |
| | | 1 |
| (Mailing address MAY BE A POST OFFICE/BOX) | | |
| | | |
| | | e se |
| B. If amending the registered agent and/or registered of | | <u>e name of the néw</u> |
| registered agent and/or the new registered office address her | <u>e</u> : | |
| | | |
| Name of New Registered Agent: | | |
| | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Flovida 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

Zip Code

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

. .

•

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|---------------------------------------|----------------|
| MGR | Stephen Giordanella | 621 NW 53rd Street #360 | 📕 Add |
| | | Boca Raton, FL 33487 | |
| | | | Change |
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| D. If amending any other information, enter c | hange(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective data if other than the data of fill | | |
| E. Effective date, if other than the date of fill (If an effective date is listed, the date must be specifican <u>Note:</u> If the date inserted in this block does not document's effective date on the Department of | (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 meet the applicable statutory filing requirements, this date will not be listed State's records. | 1207 (3)(b) I as the |
| | | |
| If the record specifies a delayed effective (b) The 90th day after the record is filed | date, but not an effective time, at 12:01 a.m. on the earlier | r of: |
| Dated November 20 | 2017 | |
| | member or authorized representative of a member | |
| | includer of authorized representative in a memoer | |
| Delia Valles | Typed or printed name of signee | |
| | | |
| | Page 3 of 3 | |
| | Filing Fee: \$25.00 | |

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