116000213776

(Requestor's Name)	—
(requestors reality)	
<u></u>	
(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



400299636634

05/26/17--01009--010 **60.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE MAY 3 0 2017

COVER LETTER

	gistration Sec ision of Corp				
CUDIECT.	Mama's Sou	l Kitchen, LLC			
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		SHAKIYLA HOOKS			
		<u> </u>	Name of Person		
		MAMA'S SOUL KITCHE	EN, LLC		
			Firm/Company		
		5248 MOORE LOOP			
			Address		
		CRESTVIEW, FL 32536			
			City/State and Zip Code	7 >	
		NIPRE4LYFE@GMAIL.C		SECRETARY SECRETARY ALLAHASSE	
			to be used for future annual report notific	CRETARY 26	
For further in	nformation co	ncerning this matter, please c	all:	26 SSE SSE	
SHAKIYLA	HOOKS		850 533-9070 at ()	0 T	
	Name of	Person		Telephone Number 7	O
Enclosed is a	check for the	following amount:		, , , , , , , , , , , , , , , , , , ,	٠
□ \$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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA'S SOUL KITCHEN, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000213776</u> .	y were filed on NOVEMBER 22, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
CONCRETE ROSE APPAREL, 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)	SECRETARY DI ALLAHASSEE.
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the n
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

Zip Code

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>	Address	Type of Action
			🗆 Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			🗆 Add
			Remove
		TALL.	Change
		SECRETARY OF STATE	Change
		——————————————————————————————————————	Remove
		ORIDA	₩ Change
			□ Add
			□ Remove
			Change
			Remove
			🗅 Change

	<u> </u>	

	-	_
<u> </u>		· · · · · · · · · · · · · · · · · · ·
	V	
		2021 TALL
		Z6 TARY ASSE
		1 C C C
+1-T		2: 3 STATE LORID
		D W
	ast be specific and cannot be prior to date of filing colock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
The 90th day after the re		ve time, at 12:01 a.m. on the earlier o
	2017	
May l	2017	
ated May !	2017	
ated May I	Signature of a member or authorized representa	ative of a member

Page 3 of 3

Filing Fee: \$25.00