## L16000232476

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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S. PRATHER

## **COVER LETTER**

Div	ision of Co	rporations		
SUBJECT:	Family Re	cipes, LLC		
		Name of Lin	nited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	J	
			Q	
		Gladys J Cameron		
			Name of Person	·
		Family Recipes, LLC		
		•	Firm/Company	<del></del>
		1915 NW 5th Way		
			Address	
		Pompano Beach, Florida	a 33060	
			City/State and Zip Code	<del></del>
		familyrecipesinfo@gmail.		
		E-mail address: (	to be used for future annual report notific	cation)
For further in	iformation c	oncerning this matter, please c	all:	
Gladys Can	neron		954 706-3565	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ie following amount:		
□ \$25.00 Fi	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:

TO:

Registration Section

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

Family Recipes, LLC		d = 1.
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	· · · · · · · · · · · · · · · · · · ·
(A Living Emilie	Canada Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 27, 2016	and assigned
Florida document number L16000232476		70
This amendment is submitted to amend the following:		6. 2
A. If amending name, enter the new name of the limited liab	ility company here:	7
Around The Dinner Table, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 1915 NW 5th Way		
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach	
	Florida, 33060	
Enter new mailing address, if applicable:	PO Box 491	
Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, Florida 33061	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our records, <u>en</u> <u>e</u> :	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
_	, Florida	1
<del></del>	City	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

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

$\mathbf{AMBR} = A$	MBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			☐ Remove
			☐ Change
<del></del>			□ Add
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Tective date, if other than th	e date of filing:  July, 11, 2018  ust be specific and cannot be prior to date of filing or more to	(optional)
	ust be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing re-	than 90 days after filing.) Pursuant to 605,0207 quirements, this date will not be listed as
ocument's effective date on the	Department of State's records.	day and any and any active miles as
record specifies a delaye	ed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of
The 90th day after the re	cord is filed.	
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ated	2018 	· ·
$\angle n$		
- Kluc	D ( . ( sure	
′ (	Signature of a member or authorized representative of a	member
	V	<b>T</b>
Gladys J Cameron		√ ် တွာ

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Filing Fee: \$25.00