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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WILLE MAES KITCHEN LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruby Lyounder
Willie Maes Ritchew LLC
3729 OLEANDET TETTACE
Riviera Bch. Fl. 33404
City/State and Zip Code Williem NESSOULKITCHELIA amnil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 577-4194 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee &: □ \$30.00 Filing Fee &: □ \$55.00 Filing Fee &: □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

TO ARTICLES OF ORGANIZATION **OF**

Willie Macs K Name of the Limited Liability Com	tchen LLC pany as il now appears on our records.)
(A riona Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 01127117 and assigned
Florida document number 17000022213	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	të e
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
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 Agen	<u>t:</u>

1

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

A			
MGR = Mai	om our records: nager horized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Judy A. Addenby	2310 Ave SY	10 Add
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Effectiv	ive date, if other than the date of filing: (option	D
(If an effective Note: I	(option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this cannot's effective date on the Department of State's records.	line \ Dimerum on COS 0207 (2)/L:
the reco	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earlier of:
Dated _	08/11/2017	
	9/ 3//20	
	Signature of a member of authorized representative of a member	
	86.11	

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Filing Fee: \$25.00