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A. P. Balle

COVER LETTER

Division of Corporations
SUBJECT: Cordered and Kris Catering / Pravil Scason Medin 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:
Cordereo Prawl
Name of Person
Loders and kris Catering / Prawi Season Media LLC
8415 North Armin Ave Apt 114
Address
Tampa, Florida 33604 Corde resprawi D gmail. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) 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	Media			
(Name of the Limited Liability Co	ompany as whow appears on our ited Liability Company)	Media Scasura LLC records.)			
The Articles of Organization for this Limited Liability Comp.		•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
Fortie Foodie Grang LLC					
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbrevia (10) "L.L.C."			
Enter new principal offices address, if applicable:		. 9			
(Principal office address MUST BE A STREET ADDRESS	5)	- <u> </u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		, <u>c.</u>			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the new			
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:

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 AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> Type of Action _D Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change □ Remove _□ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Typed or printed name of signce

Filing Fee: \$25.00