

L17000 109529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

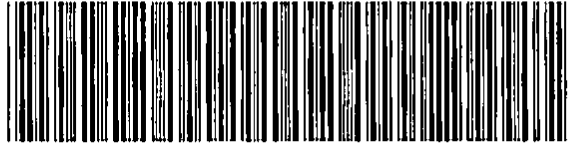
(Business Entity Name)

(Document Number)

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2019 FEB 19 PM 12:20
TALLAHASSEE, FLORIDA

Anund

FEB 23 2019
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BK CULINARY 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:

David Morales

Name of Person

Morales Legal PA

Firm/Company

1250 S Miami Ave #3106

Address

Miami, FL 33130

City/State and Zip Code

david@morales.legal

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Morales

305 962-4220
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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**

BK CULINARY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 FEB 19 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 5-17-2017 and assigned

Florida document number L17000109529.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

151 NE 41ST ST #217

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33137

Enter new mailing address, if applicable:

151 NE 41ST ST #217

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33137

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Morales Legal PA

New Registered Office Address:

1250 S Miami Ave #3106

Enter Florida street address

Miami

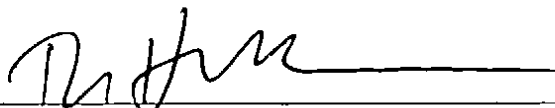
Florida 33130

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 attending 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>	<u>Type of Action</u>
MBR	BRAD AND TEVS EXCELLENT ADVENTURE LLC	223 NW 23RD ST MIAMI, FL 33127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MBR	Bradley Kilgore	36 NW 6 AVE, #1109 Miami, FL 33128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	Bradley Kilgore	36 NW 6 AVE, #1109 Miami, FL 33128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AR	Tevya Finger	1031 N VENETIAN DRIVE MIAMI, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 13th, 2019

Handwritten signature of Bradley Kilgore

Signature of a member or authorized representative of a member

Bradley Kilgore, Authorized Person

Typed or printed name of signee