## 117000116416

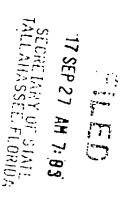
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## **COVER LETTER**

	on Section f Corporations	
H & SUBJECT:	4 FOOD SERVICES LLC	
30B3EC1	Name of Limited Liability Company	
The enclosed Arti	es of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	JAHIT KAVURT	
	Name of Person	
	KAVURT LAW OFFICES PA	
	Firm/Company	
	6965 PIAZZA GRANDE AVENUE. SUITE 201	
	Address	
	ORLANDO, FL 32835	
	City/State and Zip Code	
	KAVURTLAW@AOL.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
JAHIT KAVURT	ame of Person Area Code Daytime Telephone Number	
	ame of Person Area Code Daytime Telephone Number	
Enclosed is a chec	for the following amount:	
■ \$25.00 Filing	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy	f Status & py

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

H & H FOOD SERVICES LLC		
(Name of the Limited Liability Compa (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>L17000116416</u> .	were filed on 05/25/2017 and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:	7512 DR. PHILLIPS BLVD., STE. 80	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7512 DR. PHILLIPS BLVD., STE. 80 ORLANDO. FL 32819	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, enter the name of the e:	<u>1e ne</u>
	S 2 2	51
New Registered Office Address:	Emer Florida street address Florida	7
	City ≥ Zap € le Viii	.•

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.

New Registered Agent's Signature, if changing Registered Agent:

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:

.
MGK = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	OZHAMURKAR, AHMET	7512 DR. PHILLIPS BLVD.	<b>⊟</b> Add
		STE, 80, ORLANDO, FL 32819	
			□ Change
AMBR	OZDEMIR, DURAN	7512 DR. PHILLIPS BLVD.	<b>=</b> Add
		STE, 80, ORLANDO, FL 32819	Remove
			Change
			Add
		<del></del>	□ Remove
			Change
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Effective	e date, if other	than the date	of filing:				(optio	nal)		
f an effec <b>Note</b> : H	tive date is listed, t Tthe date inserted	he date must be sp Lin this block d	ecific and ca	nnot be prior t the applie:	to date of filin able statutors	g or more than 9 ? filing require	0 days after f	iling.) Pursu: date will no	int to 605 at he list	i.0207 ed as
	it's effective date				······································	ring require	mento. um.	anc will in	i oc nac	
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Dated _	Sept	tember	19.	201	7.					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00