L17000/28919

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i)	Document Number)	
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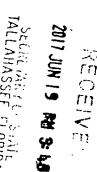
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SUBJECT		oast Kitchens Plus, LLC		
nonque:	•	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retu	um all correspo	ondence concerning this matter	to the following:	
		Richard Hanson		
			Name of Person	_44
		Emerald Coast Kitchens P	lus, LLC	
		-,	Firm/Company	
		3562 Bob Tolbert Road		
			Address	
		Navarre, Florida 32566		
			City/State and Zip Code	
		grey23091@gmail.com		
		E-mail address: (to be used for future annual report notif	fication)
For further	r information c	oncerning this matter, please co	all:	
Richard H			850 816-9715 at ()	
	Name o	f Person	at () Area Code Dayting	e Telephone Number
Enclosed i	s a check for th	ne 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

Emerald Coast Kitchens Plus, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 13th 2017 Florida document number L17000128919 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida

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, pame, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Gulf Breeze FL 32563	■ Remove
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ective date, if other than the date effective date is listed, the date must b	te of filing:	:		(optional)	
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record specifies a delayed e he 90th day after the recor		ate, but no	an effective	e time, at 12:	01 a.m. on	the earlier of
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June 15th		2017				
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Filing Fee: \$25.00