

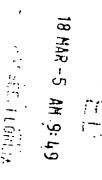
<u> </u>	- 1- 1- N	
(кеді	uestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	- #N
(City/	State/Zip/Filon	= m)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
	,	-,
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
Special instructions to 11	ing Onicer.	
		i

Office Use Only



900309982999

03/05/18--01012--025 **25.00



MAR 0 8 2019

Y SULKER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Kayl	a' Kitchen		
men. <u>Ixber</u> i	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kayla K.	Fuld Name of Person	
	Kayla's K	Firm/Company	
	403 East	Paris Street	
	Pampa/F	Torida 331 City/State and Zip Code	004
	Kaylas. Ki-	tchen.est17 (29 Mail COM
For further information c	oncerning this matter, please co	di:	
Kayla K.	Fred f Person	at (<u>813</u>) <u>394</u> -	Telephone Number
Enclosed is 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

The Articles of Organization for this Limited Liability Company were filed on _________________________________and assigned Florida document number <u>L 17000213601</u>. 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: (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 native 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 City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□
			Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

· · · · · · · · · · · · · · · · · · ·	
	. 00
	, , , , , , , , , , , , , , , , , , ,
	A
	9
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing re occument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
Tebruary 21. 2018.	
The state of the s	

Page 3 of 3

Filing Fee: \$25.00