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(F	Requestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

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Division of Corporations BLESSED KITCHEN LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: BOBBY KING Name of Person BLESSED KITCHEN, LLC Firm/Company 4425 RIBBLESDALE LANE Address ORLANDO, FLORIDA, 32808 City/State and Zip Code BOBBYKING24@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AVETTE J HARRELL, ESQ Name of Person Tale Code Daytime Telephone Number Sections of the following amount: Section Filting Fee \$30.00 Filting Fee & \$55.00 Filting Fee & \$60.00 Filting Fee, Conclusions of the submitted Liability Company Address \$25.00 Filting Fee \$30.00 Filting Fee, Section Section \$25.00 Filting Fee Section Section \$25.00 Filting Fee				
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		BOBBY KING		
			Name of Person	
SUBJECT The enclose Please return For further YVETTE J Enclosed is		BLESSED KITCHEN, LL	.c	
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: BOBBY KING Name of Person BLESSED KITCHEN, LLC Firm/Company 4425 RIBBLESDALE LANE Address ORLANDO, FLORIDA, 32808 City/State and Zip Code BOBBYKING24@GMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: ESQ at (
		4425 RIBBLESDALE LA	NE	
			Name of Person N, LLC Firm/Company E LANE Address DA, 32808 City/State and Zip Code MAIL.COM ress: (to be used for future annual report notification) ase call: 305 742-5447 at (
		ORLANDO, FLORIDA, 3	32808	
			Name of Person N, LLC Firm/Company E LANE Address DA, 32808 City/State and Zip Code MAIL.COM ress: (to be used for future annual report notification) ase call: at (
		-		estion
For further i	nformation co		·	ation)
YVETTE J HARRELL, ESQ		ESQ	at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is:	check for the	following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

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

	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I Florida document number L17000232104	Liability Company were filed on _	NOVEMBER 9, 2017	_ and assigned	d
This amendment is submitted to amend the fol	mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" o			
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre		
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·	AUG	FCHE
(Principal office address MUST BE A STRE.	ET ADDRESS)		5 CO	
			RPORAL	유 SIA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			- 5	<u></u>
		on our records, <u>enter th</u>	e name of the	he n
Name of New Registered Agent:	YVETTE J HARRELL		<u> </u>	
New Registered Office Address:				
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: VETTE J HARRELL				
	CORAL GABLES	, Florida ³³¹³	3	
	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.

f 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>	<u>Name</u>	Address	Type of Action
AMBR	MICHELLE CASON	4425 RIBBLESDALE LANE	
		ORLANDO, FL 32308 US	Remove
			Change
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effective date is listed, the date e: If the date inserted in the	must be specific and cannot be prior to is block does not meet the applicate Department of State's records.	o date of filing or more than 90 d		
record specifies a dela he 90th day after the	yed effective date, but not record is filed.	an effective time, at 1	2:01 a.m. on the earlie	er (
ad AUGUST 6	2018			
Malatte	11/11/100			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00