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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Three Cakes	and A Steak nited Liability Company	LLC_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shar	toria C. Blac	K
		Name of Person	
		Firm/Company	
	2411 Lax	e Miramar Wa Address	ay
		Address	O
	miran	nar, A 33023	5
	Chef Tovi / E-mail address: (nar, FL 33603 City/State and Zip Code VOIR Q 4 ahoo. Co to be used for fugure annual report notif	ication)
For further information co	oncerning this matter, please c		
Shatori	a Black	at (<u>954</u>) <u>292</u> Area Code Daytime	-8963
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

Three Cakes A	and A Steak LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li Che F Tori Noir	LLC	
The new name must be distinguishable and contain the words "Limited Li		
Enter new principal offices address, if applicable:	2411 Kake Mirama Miramar FL 330	y way
(Principal office address MUST BE A STREET ADDRESS)	11/1/amar, PL 3300	1 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
Name of New Registered Agent:		A D
New Registered Office Address:	F 19 11 11 11	20 元
	Enter Florida street address . Florida	四系經
	City	ST. Carlo

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 = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** __ 🗆 Change _□ Add ☐ Remove _____ □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Add ☐ Remove ___ Change □ Add ☐ Remove

__ Change

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Shatona Stuck		: 12:01 a.m. on th	ie earlier
Signature of a member or authorized representative of a member	Shatona Stuck		
Shatoria Black Typed or printed name of signee		ıber	

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Filing Fee: \$25.00