# 18000022709

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100361721111



ren (IAR 15 PH 2: 16

3

HAR 17 2021

## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/15/2021

NAME:

KITCHNCABOODLE LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obbie Hodge

#### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Second Division of Con				
	oodle LLC.			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michaan Brown			
		Name of Person		
	Em Sawse & Etc LLC.			
		Firm/Company		
	21 East 17th street			
		Address	<u></u>	
	Jacksonville, FL 32206			
	michaan_brown@yahoo.co			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Michaan Brown		904 4166792		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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 Addres Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corp The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KitchnCaboodle LLC.				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
the Articles of Organization for this Limited lands document number L18000022709	Liability Company	were filed on January 25, 2018	and assigned	
his amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liab	oility company here:		
Em Sawse & Etc. LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Inter new principal offices address, if appli	icable:	21 East 17th Street		
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32206		
		U521 A LL' D L		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8531 Addison Rd		
		Jacksonville, FL 32208		
			د ع	
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, enter the i	name of the new regis	
Name of New Registered Agent:	N/A		100 E	
New Registered Office Address:	N/A	Enter Florida street address	75 83 TE	
	,	Florida	•	
		City	Zip Code	

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

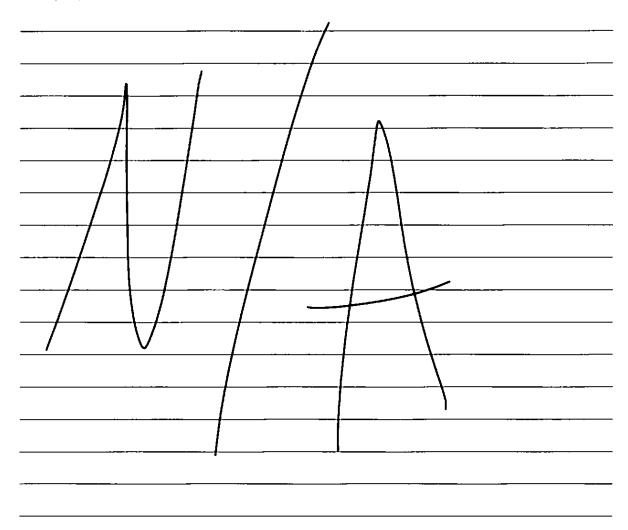
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

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
<del></del>	N/A 		□Add
			□Remove
	1		□Change
			□Add
			□Remove
			□Change
			□Add
	/ / /		□Remove
		/ V / f \	☐ □ Change
			Ndd
$\land$			□Remove
			□Change
		$-\Lambda$	□Add
	\V \A		□Remove
	$M \setminus M$		□Change
	/		□Remove
		I	Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



	N/A	
E.	. Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	Note: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 15	2021 100 ignature of a member or authorized	non	1
Michaan Brown	ignature of a member of authorize	ed representative of a facilities	
	Typed or printed n	ame of stonee	

Typed or printed name of signee