L18000124993

(Requestor's N	Jame)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP .WA	AIT MAIL	
(Business Enti	ity Name)	
(Document Number)		
Certified Copies Certi	ificates of Status	
Special Instructions to Filing Offic	er:	

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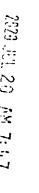


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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		RA KITCHEN LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Marta Pena		
			Name of Person	
		KERDECORA KITCHEN	LLC	
			Firm/Company	
		3281 Nw 78 Ave		
			Address	
		Miami FL 33122		
			City/State and Zip Code	
		mpena@kertiles.com		
			to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
Marta	Pena		305 477-0096	
	Name of	f Person		ne Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KERDECORA KITCHEN, LLC	7£
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	7: 48 -
- · · · · · · · · · · · · · · · · · · ·	d assigned
Florida document number L18000124993	
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	on "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 name of the agent and/or the new registered office address here:	new registered
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AGA SERVICES USA, INC.	2701 SW 3 AVE., 1002	□Add
		Miami FL 33129	■Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
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			Remove
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			🗀 Add
			Remove
			☐Change
			□Add
			□Remove
			□Chansa.

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
E. Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(is the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the sound is filed.	of:
Dated 6/22 . 2020 . Signature of a member or authorized representation of a member.	
/run in	
signature of a member of authorized representative of a member	
Typed or printed name of signee	

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Filing Fee: \$25.00