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SECRETARY OF SMITH

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COVER LETTER

KILGORE CULINARY GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **David Morales** Name of Person Morales Legal PA Firm/Company 1250 S Miami Ave #3106 Address Miami, FL 33130 City/State and Zip Code david@morales.legal E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **David Morales** at (____ Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION

KILGORE CULINARY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/08/2018 Florida document number L18000145004					and assigned		
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of th <u>e limited liabili</u>	ity company here:					
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designat	tion "LI.C" or the abbre	viation "L.	L.C."		
Enter new principal offices address, if appl	icable:						
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		·	18 SEP	SCORE I		
Enter new mailing address, if applicable:				<u>+</u>			
Mailing address MAY BE A POST OFFICE			AH 5:	OF LIAI			
			records, enter the	name	grant from the second s		
Name of New Registered Agent:	Morales Legal F	PA .					
New Registered Office Address:	1250 S Miami A	ve #3106					
		Enter Florida stre	eet address				
	Miami	, Florida ³³¹³⁰	Florida ³³¹³⁰				
	mailing address, if applicable: Market May BE A POST OFFICE BOX Proposition of 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: Morales Legal PA						

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, <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
MGR	ADAM HOROWITZ	36 NW 6TH AVE #1109 Miami, FL 33128	□ Add
			■ Remove
			Change
AMBR	BRADLEY KILGORE	36 NW 6TH AVE #1109 Miami, FL 33128	■ Add
			Remove
			Change
			Remove
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Filing Fee: \$25.00