## 118000 H96028

(Ře	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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K. SALY NOV 28 2018

## **COVER LETTER**

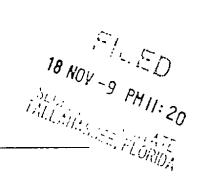
	Registration Se Division of Cor			
enn ire	Southern Tv	vist LLC		
SUBJEC'	ı:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Saturn Hali		
			Name of Person	
			Firm/Company	
		PO Box 50703		
		Fort Myers, FL 33994	Address	
		preshay1992@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please ca	ıll:	
Saturn Ha	ıll		239 258-2846 at ( )	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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 tadditional 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



Southern Twist 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 L	iability Company	were filed on 06/18/2018	and assigned
Florida document number 1.18000149628	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
Kelli's Kitchen LLC			
The new name must be distinguishable and contain the	vords "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		PO Box 50703	
		Fort Myers, FL 33994	
B. If amending the registered agent and registered agent and/or the new registered of	•		s, enter the name of the new
Name of New Registered Agent:	Majorie Cobb		
New Registered Office Address:	4939 Luckett I	Road	
		Enter Florida street addre	ess
	Fort Myers	, F	lorida 33905
		Cuy	Zip Code
Name Danistanus I transla Cianatum, if shanging	Darietarad trans		

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.

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>	<u>Address</u>	Type of Action
AMBR	Kelli Hall-Thomas	2114 Leda Avenue Lehigh Acres, FL 33973	
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			□ Change
			□ Add
			Change PH 20 Remove
			Add 20 Remove
			Change
			□ Remove
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effective date is listed, the effective date inserted	than the date of filing the date must be specific and in this block does not no on the Department of S	I cannot be prior to da neet the applicable			
	delayed effective of the record is filed.		n effective time, a	at 12:01 a.m. or	n the earlier of:
cd <u>Nov. 1</u>		. 2018 D			
		m//I /			

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Filing Fee: \$25.00