L18000187343

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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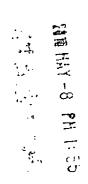
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May 08 2019



COVER LETTER

TO:	Registration Se Division of Cor			To part	
eum ur		e d'Corked LLC		W	;
SUBJE	C1:	Name of Limi	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Stephanie Love			4 / ·
			Name of Person		- ·
			Firm/Company		_
		10901 Brighton Bay Blvd	NE Apt. 1103		
		·	Address		_
		St. Petersburg, FL 33716			
		 -	City/State and Zip Code		_
		stephaniethechef@yahoo.co			
		E-mail address: (to be used for future annual report	rt notification)	
For furt	her information of	concerning this matter, please co	all:		
Stepha	nic Love		904 742-46 at ()		
	Name (f Person	Area Code D	Daytime Telephone Number	of .
Enclose	ed is a check for t	he following amount:			
□ \$25	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	n Certifie	ate of Status &

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**

T	J
ARTICLES OF O	RGANIZATION
0	F Contraction of the Contraction
Your Palate D'Corked, LLC	PRGANIZATION F Ny as it now appears on our records.) All ability Company)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	naminy Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/06/2018 and assigned
Florida document number L18000187343	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Epicurious One, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
F. A	
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)	
Induing dadress MAT DE ATT OBY OF THE BUSIN	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
N. C. D. Carllana	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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					
Title	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			□ ∧dd		
٠.			Remove		
			☐ Change		
			☐ Remove		
·			□ Change		
			□ R¢move		
			Change		
			D		
			Rcmove		
			C Change		
			Add		
			□ Remove		
			□ Change		

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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7.0.00	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	May 8 2019. Stephanie have
	Signature of a member or authorized representative of a member Stephante Love Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00