18000197947

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SUBJEC		CHEN LLC					
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	7			
		Amendment and fee(s) are sub	·				
			Name of Person				
		REGISTERED AGENTS	INC.	~			
			Firm/Company				
3030 N. ROCKY POINT DR. STE 150A							
			Address	-			
		TAMPA, FL 33607		•			
		INFO@EXPERTAXFINAN	City/State and Zip Code SCIAL.COM		FE	-1 -3 -3	
		E-mail address: (to be used for future annual report notifi-	cation)			FILED
For further	er information co	oncerning this matter, please ca	all:			л	m,
MOHAN	MED SADEK		432 558-8266 at ()		#10T	당 -	O
	Name of	Person	Area Code Daytime	Telephone Number	FLORIDA	15 PH 16 55	
Enclosed	is a check for th	e following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co _l (additional copy	f Status & py		

MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

RUSH KITCHEN LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 08/17/201	8 and assigned
Florida document number L18000197947	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2947 VINELAND RD	
Principal office address MUST BE A STREET ADDRES		KISSIMMEE, FL 3474	6
			SE SE
Enter new mailing address, if applicable:		2947 VINELAND RD	PIE
Mailing address MAY BE A POST OFFICE BOX)		KISSIMMEE, FL 3474	6 7 7 0
•			
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the name
Name of New Registered Agent:	MOHAMED S	SADEK	
New Registered Office Address:	2947 VINELA	ND RD	
		Enter Florida stree	t address
	KISSIMMEE		, Florida <u>34746</u>
		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 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>	Address	Type of Action
MGR	MOHAMED SADEK	2947 VINELAND RD	■ Add
		KISSIMMEE, FL 34746	■ Add
			Remove
			Change
<u>_</u>			Add
			☐ Remove
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ctive date, if other than the da	te of filing:			(optiona	1)
effective date is listed, the date must be	specific and cannot	be prior to date	of filing or more than	90 days after tilir	ng.) Pursuant to 605.01
 e: If the date inserted in this block ument's effective date on the Depart 	t does not meet the extract of State's	e applicable sta records.	itutory ming requi	rements, this da	e will not be listed
ecord specifies a delayed e		but not an e	ffective time,	at 12:01 a.m	. on the earlier
ne 90th day after the record	d is filed.				
OCTOBER 04	201	8			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00