## 1190000 12393

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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|----------------|--------------------------------------|---|--|---|---|--|
| TO:            | Registration Sec<br>Division of Corp |   |  |   |   |  |
|                | PRET                                 | TY CHEESY LLC   | •  |   |   |  |
| SUBJI          | ECT:                                 | Name of Lim   | ited Liability Company   |   | <del></del>   |  |
| The en         | closed Articles of A                 | Amendment and fee(s) are sub-   | mitted for filing.   |   |   |  |
| Please         | return all correspon                 | ndence concerning this matter   | to the following:  |   |   |  |
|                |                                      |   | MITCHELL KATZ  |   |   |  |
| Name of Person |                                      |   |  |   |   |  |
|                | FREUND KATZ GOLDSTON YOUNG CO PA     |   |  |   |   |  |
| Firm/Company   |                                      |   |  |   |   |  |
|                | 210 N UNIVERSITY DRIVE STE 302       |   |  |   |   |  |
|                | Address                              |   |  |   |   |  |
|                |                                      | CORA  | AL SPRINGS FL 3307   | ı   |   |  |
|                |                                      |   | City/State and Zip Code  |   | <del></del>   |  |
|                |                                      |   | Z@TAX-DOCTOR.NE  |   | <del></del>   |  |
| For the        | rther information o                  | oncerning this matter, please c   |  | report nonneagony   |   |  |
| 10, 10.        | MITCHELL                             |   | 954  | 345-8666  |   |  |
|                | Name of                              | f Person  | at ()<br>Area Code   | Daytime Telephone Ni  | umber   |  |
|                |                                      |   |  | ,   |   |  |
| Enclos         | sed is a check for th                | e following amount:   |  |   |   |  |
| <b>≅ \$</b> 2  | 5.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status                                   | □ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en | Cer<br>closed) Cer  | 00 Filing Fee,<br>tificate of Status &<br>tified Copy<br>titional copy is enclosed) |  |
|                | Registr<br>Divisio<br>P.O. Bo        | ING ADDRESS:<br>ation Section<br>in of Corporations<br>ox 6327<br>assec, FL 32314 | Registra<br>Division<br>Clifton I                                | T/COURIER ADDREStion Section of Corporations Building ecutive Center Circle | šS:   |  |

Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRETTY   | CHEESY LLC   |                              |
|--|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florada Limited   | any as it now appears on our records<br>Liability Company) | <del></del>                  |
| The Articles of Organization for this Limited Liability Company Florida document number L19000012393                     | were filed on 01/10/2019                                   | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limited liab  | oility company here:                                       |                              |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC"                       | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <del></del>  | <del></del>                  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | <u>n</u><br>1                |
| Enter new mailing address, if applicable:  |  |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   | 10/14  |                              |
| B. If amending the registered agent and/or registered o<br>registered agent and/or the new registered office address her | ffice address on our records<br><u>e</u> :                 | , enter the name of the new  |
| Name of New Registered Agent:  | 1/11   |                              |
| New Registered Office Address:   | 11/1/  |                              |
|  | Enter Florida street address                               | rida                         |
|  | 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

| Title       | <u>Name</u>       | Address                                    | Type of Action |
|-------------|-------------------|--|----------------|
| MGR         | SANDRA KRICHEVSKY | 1814 NE MIAMI GARDENS DR<br>MIAMI FL 33179 |                |
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| E. Effective date, if other than the date (If an effective date is listed, the date must be s  Note: If the date inserted in this block of document's effective date on the Depart | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)<br>does not meet the applicable statutory filing requirements, this date will not be listed as the |
| If the record specifies a delayed eff<br>(b) The 90th day after the record   | fective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.   |
| Dated JANUARY 16TH   | 2019  |
|  | Paner Waldelins   |
| Sign   | anife of a member or authorized representative of a member  |
| DVOR   | ta GOLDSTEIN  |