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COVER LETTER

TO:				
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SUBJE	sci: <u> </u>	Name of Lim	ited Liability Company	
The en	Registration Section Division of Corporations Sect: Get U Cowing L.C. Name of Limited Liability Company Colosed Articles of Amendment and fee(s) are submitted for filing. Ann Shepard Registration Section Name of Person Get U Cowing L.C. First Company 8221 Pennsylvania Blvd Address Fort Myers, FL 33967 City/State and Zip Code Ann_ Shepard Name of Person Benail address (to be used for future annual report notification) ther information concerning this matter, please call: An Shepard Name of Person at (239) 333 - 9906 Area Code Daytine Telephone Number and is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Montroe Street, Suite 810			
Please	return all correspon	dence concerning this matter	to the following:	
		Ann	henard Name of Person	
		GetU	Cooking LLC	
		8221 Pen	nsylvania Bluc	<u>1</u>
		_	O Mudicis	
		Fort Myers,	FL 33967	
		Ann_Shepa	ard @ hot mail. Co) /γ) ication)
For fur	ther information cor			,
	Ann Si	hepar <i>d</i>	at(<u>239)_33.3</u>	9906
	Name of f	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	following amount:		
3 \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	•		•	
	P.O. Box 6327	•	The Centre of Ta	allahassee
	Tallahassee, FI	. 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Get U Cooking L	.L,C,		. = .	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on o ed Liability Company)	or records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L \9000 349 65</u>	ny were filed on	29-19	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
Get U5 Cooking LLC The new name must be distinguishable and contain the words "Limited Lie				
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designat	tion "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if applicable:			. 2	
Principal office address MUST BE A STREET ADDRESS)			919	
			10Y	***, *** }
			25	 -
Enter new mailing address, if applicable:				!
Mailing address MAY BE A POST OFFICE BOX)			တ္	
			22	
3. If amending the registered agent and/or registered offic	e address on our record	s, <u>enter the name</u>	of the new	registered
gent and/or the new registered office address here:				
Name of New Registered Agent:		·····		
New Registered Office Address:				
	Enter Florida stre	eet address		
		, Florida		
	City		Zip Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
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			□Rетюve
			Change

Page 2 of 3

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
	
ffect	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
j	November 22. 2019.
	Civi Picici Shepard Signature of a member or authorized representative of a member
	Ann Marie Shepard Typed or printed name of signee

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Filing Fee: \$25.00