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COVER LETTER

Division of Cor	porations y		
SUBJECT: KCS	C KITCHENS	LLC	
TOBSECT.	KITCHENS Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	DONALD KI	MMEL Name of Person	
		Name of Person	
	KCK KITCHEN	US LLC	
	KCK KITCHEN	Firm/Company	
	6270 SOLANO	CREEK ROAD	
		Address	· ·
	ELKTON	FLORIDA 32033	
		City/State and Zip Code	
	DD. KIMMELS	to be used for future annual report notifi	eation)
San Grant of Saffannian in			Catholi
or further information c	oncerning this matter, please co	dII;	
DONALD KIMI	MEL	at (904) 315 84 Area Code Daytime	408
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	INC. ADDDCCC	ern personen i	en annheec

MAILING ADDRESS:

Registration Section

TO:

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

	any as it now appears an aut	racorde)	
(A Florida Limited	Liability Company)	Tecorus.)	
The Articles of Organization for this Limited Liability Compan Torida document number <u>L1900058984</u> .	y were filed on <u>FEBRUA</u>	ary 28 <u>, 2019</u> an	d assigned
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:			
A. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation	on "LLC" or the abbreviation	m "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			20
		<u> </u>	-
		- - :	
Inter new mailing address, if applicable:		;	19
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		·	••
		ecords, <u>enter the na</u>	ume of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
	City	Zip (Tode
lew 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
AMBR	ANNE CUOPER	6270 SOLANO CREEK RD	Add
		ELKTON FL 32033	Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			□ Change
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
ne red The	cord 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	OCTOBER 30 2019 low.
	Signature of a member or authorized representative of a member
	^

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Filing Fee: \$25.00