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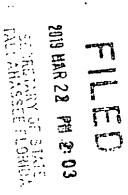
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COVER LETTER

		istration Sect sion of Corpe							
CUDIE C		KALI'S ISLA	ND SPICE LLC			•			
SUBJEC	,1:		Name of Lin	nited Liability Company					
The enclo	osed	Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please ret	turn	all correspond	lence concerning this matter	to the following:					
			ALEXANDER S POWELL						
				Name of Person					
			KALI'S ISLAND SPICE LL	С					
				Firm/Company					
			2055 NW 74TH TERRACE	APT 203					
				Address	-		- Z	D 3	
			MIAMI FLORIDA 33147					anio state	Ti.
			APOWELLALEXANDER@0	City/State and Zip Co GMAIL.COM	ode		,), r	R 2.2	C. K. Car
			E-mail address:	to be used for future ann	nual report notific	ation)		ek D	1000
For further	er in	formation con	cerning this matter, please c	all:				rio C	تتعمي
ALEXAN	NDE	R S POWEL	L	786 at ()	641-7065			03	
		Name of F	Person	Area Code	Daytime 1	Telephone Number			
Enclosed	is a	check for the	following amount:						
■ S25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	<i>:</i>	□ \$60.00 Filing Certificate of Certified Copy (additional copy	f Status & py		

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 3230!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALLIS ISLAND SPICY LLC			
(<u>Name of the Limited</u>	1 Liability Compa A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number <u>L1900</u>	bility Company	were filed on 03/08/2019	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
KALI'S ISLAND SPICE LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	2055 NW 74TH TERRA	CE ·
(Principal office address MUST BE A STREET		MIAMI FL 33147	201
			F-C: #
Enter new mailing address, if applicable:		NONE	22 Z
(Mailing address MAY BE A POST OFFICE BOX)			mo a
			59 19
B. If amending the registered agent and/oregistered agent and/or the new registered offi			ords, enter the name of the nev
Name of New Registered Agent:	NONE		
New Registered Office Address:			
		Enter Florida street ad	ddress
			, Florida
		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>	<u>Address</u>	Type of Action		
MGR	ALEXANDER S POWELL	2055 NW 74TH TERRACE APT 203 MIAMLEL ORIDA 33147	≅ Add		
			Remove		
			☐ Change		
AMBR	VIVIAN I MONTTI	423 NE 132ND STREET N MIAMI FLORIDA 33161	€ Add		
			□ Remove		
46			□ Change		
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		·	□ Remove		
			Change		

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	5º 9 F
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	03/20/2019
(If an effec <u>Note:</u> If	e 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.
Dated _	March 2-0.2019
_	Signature of a member or authorized representative of a member
	ALEXANDET S Powell Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00