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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

O: Registration Section	
UBJECT: KB'S Kitchen * LLC*	
Name of Limited Liability Company	
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he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Kimberiy Bohannon Name of Person	
KB'S Kitchen Firm/Company	
1292 8th Street	
Daytona Beach 71. 30114 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (384) 562 - 7465 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	

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 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KIB'S Kitcher	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L19000 6742	ompany were filed on $3-11-19$ and assigned $\frac{3-11-19}{2}$.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	APR -8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	City Zip Code 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 = Ma AMBR = Aut	nager thorized Member			
Title	Name		Address	Type of Action
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n effective date is te: If the date i	listed, the date must be s userted in this block of	pecific and cannot be prior does not meet the applic	cable statutory filing re	han 90 days after filing.) F quirements, this date w	ursuant to 605.0 ill not be liste
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The 90th day	after the record	is filed.			
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Filing Fee: \$25.00