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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:LA	FAMIGLIA I Name of Lim	MEYER FROMUTI	7 uc
The enclosed Articles of Amo			
	JULIE	HURSTFIELD -ME) Name of Person	KR
-		FRANCHISES LLC Firm/Company	<b>かの に</b>
	3110	OHIO STREET	2022 AUG -8 SECHETAIN FALLAMASS
-		FL, 33133  City/State and Zip Code  Chises D Am  to be used for future annual report Notifica	$\gamma_{1} \neq \gamma_{2}$
For further information conce			tion)
•		R at (305) 747 Area Code Daytime To	7 - 5254) elephone Number
Enclosed is a check for the fo	ollowing amount:  S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA FAMILILI (Name of the Limited (A	A Liability Compan Florida Limited Li	Y As it now appears on ability Company)	META L	2022 AU
The Articles of Organization for this Limited Liab Florida document number <u>L 190009</u>			y/03/20	Ond assigned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the		lity company here:		1: 21 0:00
The new name must be distinguishable and contain the word	Is "Limited Liabili			
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		31100 M1F	0,4610 =	33133
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>	3110 MIAA	0H10 J 41, FL 3	TREET 3133
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Julis_	HURSTRIBLD 1-0HID	-MEYOR	
New Registered Office Address:	3.1/1.0	O 1- O HIO  Enter Florida s	street address	
	<u>M</u> :	1AMI	Florida	33133 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.

f 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
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fective date, if other than the date of in effective date is listed, the date must be speciote: If the date inserted in this block does cument's effective date on the Department	ific and cannot be pri s not meet the appl	or to'date of filing icable statutory:	20 W (o or more than 90 days a filing requirements,	after filing.) Pu	rsuant to 605.0 not be listed
ecord specifies a delayed effective date, b is filed.	out not an effective	time, at 12:01 a	m. on the earlier of	f: (b) The 90	)th day after t
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Signatur	re of a member or au	thorized represent	invyot a member		

Filing Fee: \$25.00