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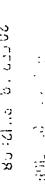
| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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James J. Real 2700 N.E. 37th PL. Rd. Ocala, FL 34479 (352) 812-7370 Inlong 540 gmail. com

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Dunce I on Kitchen and BAH 1/C- Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| SAMES J Gea |
| Dunnellan Kitchon and BAth |
| 20336 East Deansxivania AVR |
| Dennellar FC 34432 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TAMES TREE at (352) 812-7370 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (cadditional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on $\frac{5/22/2019}{}$ and assigned Florida document number 19000138402 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L'L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2700 NE 3745 PL Rd.
Enter Florida street address New Registered Office Address: City Florida 34479
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 Begistered 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 |
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| ctive | date, if ot | her than t | he date of | filing: | 1-1-5 | 0 | | _ (optional |) 3.) Pursuant to 605 |
| <u>::</u> If t | he date ins | erted in this | block does | ific and cannot list not meet the not of State's in | applicable st | of filing or me atutory filing | ore than 90 d g requireme | ays after filing nts, this date | g.) Pursuant to 605 will not be list |
| ord sp filed. | | elayed effec | tive date, b | ut not an effe | etive time, at | 12:01 a.m. o | on the earlic | erof:(b) T | he 90th day afte |
| :d | /- | | | <u>Z</u> c | 120 | 1 | | | |

Filing Fee: \$25.00