# 19000158136

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Sanic S Name of Lim	FOOD KIND ited Liability Company	,5 CLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person  Tood King  Firm/Company	<u> </u>
	Miomi.	Address  F(. 33137)  City/State and Zip Code  Ood King S @ to be used for future annual report noting the content of the conte	
For further information con	ncerning this matter, please ca		
Mauricio Name of	Person	at (305) 842 Area Code Daytime	- 8745 e Telephone Number
Enclosed is a check for the	following amount:		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	

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**

Organic	F000	Kines	LLC		
(Name of the Limited L (A F	iability Company as it no lorida Limited Liability C	ow appears on our recompany)	cords.)		
The Articles of Organization for this Limited Liabil	ity Company were file	ed on 6-10	1-2019	_ and ass	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability con	ipany here:			
The new name must be distinguishable and contain the words	"Limited Liability Compa	any," the designation "l	LLC" or the abbro	eviation "L.	L.C."
Enter new principal offices address, if applicable			*>13	20	
(Principal office address MUST BE A STREET A	DDRESS)		<u> </u>	900	<u>T</u>
					=
				2	Ш
Enter new mailing address, if applicable:		<del></del>	· · ·	PR -	$\Box$
(Mailing address MAY BE A POST OFFICE BO)	<u></u>			<u> </u>	<del></del>
			رين مري 	·	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	ere:			of the nev	v registered
Name of New Registered Agent:	Maurici	6 Vara	3a5		
New Registered Office Address:	271 NE	484	er		
_	Maurici 271 NE Migmi	Enter Florida street add	dress Florida <u> </u>	3313	<u>,</u>
New Registered Agent's Signature, if changing Regi	Çıi			zip Code	

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

Title Name **Address** Type of Action MGR Varges, Mauricio 3246 #115 N. Miemieck DAdd

Miami Fl. 33137 Remove MGR Montonez, Alexander 3246 #15 N. Migmi ax Wadd Miom: F1. 33/37 -Remove □Change □Remove □Remove \_\_\_\_\_ □Remove □Remove

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in effective da ote: If the d	e, if other than to the is listed, the date re ate inserted in this fective date on the	must be specific and block does not r	d cannot be prior to neet the applical	o date of filing or n	ore than 90 days a g requirements.	fter filing.) Pursuan	t to 605.0207 be listed as
record specifis filed.	ies a delayed effec	tive date, but not	an effective tim	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th d	ay after the
ited	12-	-6_	2019	<del>}</del> .			
_		aum.		-			
		Signature of a	member or author	ized representative			<del></del>
			,				

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