119000169644

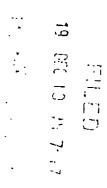
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500337458735

12/10/13--01013--086 **25.08



JAN 1 4 2020 S. YOUNG

COVER LETTER

то:	Registration S Division of Co								
Crimar.		's Kitchen, LLC							
SORTE	CT;	Name of Lim	ited Liability Company						
The enc	losed Articles ot	Amendment and fee(s) are sub	mitted for filing.						
Płease r	eturn all corresp	ondence concerning this matter	to the following:						
		Maria Alonso							
			Name of Person						
		Aria's Kitchen, LLC							
			Firm/Company						
		110 Springwood PI							
		_	Address						
		Altamonte Springs, FL 32	714						
			City/State and Zip Code						
		ariascooking@gmail.com							
		E-mail address: (to be used for future annual report not	ification)					
For furt	her information of	concerning this matter, please c	all:						
Maria /	Monso		478 386-7122						
	Name (of Person	Area Code Daytin	ne Telephone Number					
Enclose	ed is a check for t	he following amount:							
₩ \$25	5,00 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 Addre		<u>Street Address:</u> Registration Sc	ection					
Division of Corporations			Division of Corporations						
	P.O. Box 633		The Centre of						
	Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aria's Kitchen, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/28/2019}{1}$ Land assigned Florida document number 1.19000169644 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: New Registered Office Address: Enter Florida street address

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.

_____. Florida ____

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
MGR	Justin J. Fogg	110 Springwood Pl	
		Altamonte Springs, FL 32714	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			Remove
			□ Change
			🗖 Add
			□Remove
			□Change

									_			
						-					-	
					.							
	<u> </u>											
	_							. <u> </u>				
										<u> </u>		
					 							
				-								
					12/5/2019)						
n effectiv	<mark>fate, if oth</mark> e date is listed	l, the date m	ust be specif	filing: _ ic and ca	nnot be pri	or to date	of filing o	r more than	90 days :	ptional after filing	g.) Pursuant	to 605,0207
	ie date inseri s effective d						atutory fi	ling requ	rements.	this date	e will not l	be listed as
ecord spe is filed.	ecifies a dela	ived effecti	ive date, bu	it not an	effective	time, at	12:01 a.i	n. on the	earlier o	î; (b) - T	he 90th da	iy after the
		1) 200x	bey 5.	76	7-	1.7						
ted			で (り,	MI 77 · · ·	FO.	<u> </u>	/					
				(/: V x 16	u lu	w						
			Signatury	of a mer	nber or au	thorized	epresentai	ive of a m	ember			
							•					