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(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
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COVER LETTER

ro:	Registration Sec Division of Corp			
erin ir		KFAST LLC		
POBJE	ECT:	Name of Limi	ited Liability Company	
	•			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		DORIS ANDRIEU DI ME	GLIO	
			Name of Person	
		LMR BREAKFAST LLC		
			Firm/Company	
		264 S OCEAN BOULEVA	ARD	
			Address	
		MANALAPAN FL 33462		
		doriskabarry@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Antho	ny J Reitano CPA		561 392-4811 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
⊒ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMR BREAKFAST LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 07/12/2019	and assigned
lorida document number L19000180645		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	, 12
		2019 OCT
Inter new mailing address, if applicable:		÷ 2
Mailing address MAY BE A POST OFFICE BOX)		; <u></u>
		: =====================================
		2
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fioriaa sircei aaaress	
	, Florid	da
	Citv	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 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>	<u>Name</u>	Address	Type of Action
MGR	DORIS ANDRIEU DI MEGLIO		Add
			C Remove
			■ Change
			Add
			□ Remove
		 	Change
			□ Remove
			☐ Change
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

Tì	nis change only reflects adding "Andrieu" as a middle name
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_	10/02/2019
Note: I	re date, if other than the date of filing:
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 15th 2019
	Signature of a member or authorized representative of a member
	Doris Andricu Di Meglio
	Typed or printed name of signee

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Filing Fee: \$25.00