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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations PREMIUM KITCHENS & MORE LLC SUBJECT: 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: JHIMMY VINCENT Name of Person CHARLES FINANCIAL SERVICES, LLC Firm/Company 7971 RIVIERA BLVD SUITE 106 Address MIRAMAR, FL 33023 City/State and Zip Code cftaxes@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jhimmy Vincent 954 650-1001 Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM KITCHENS & MORE LLC

2020 1111 17 PH 12: 30

If Changing Registered Agent, Signature of New Registered Agent

(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 Com	pany were filed on 07/24/20	19 and assigned
Florida document number L19000190027		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PRIME KITCHENS & MORE LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		l address
	Enter Florida stree	t address
		. Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Age	-	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my du t as provided for in Chaptei	ies, and I am familiar with and 605, F.S. Or, if this document is

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
		·	Add
			□Remove
			□Change
		-	
			□Remove
			□Change
			□Remove
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Signature of a member or authorized representative of a member	MARCH 4th Dated	2020 ···
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Signature of a member of authorized representative of a member		
		Signature of a member of authorized representative of a member
	-	Typed or printed name of signee

Filing Fee: \$25.00