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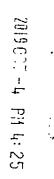
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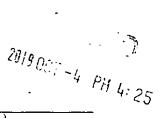
	gistration Sec ision of Corp		•	
CUDIECT.	Meals by M	=		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for tiling.	
Please returr	all correspor	ndence concerning this matter t	to the following:	
		Steven L. Robbins, Esquire		
			Name of Person	·
		Steven L. Robbins, PA		
			Firm/Company	
		2047 Palm Beach Lakes Bl	vd., Ste. 100	
			Address	
		West Palm Beach, FL 3340	9	
		counsel62@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca	all:	
Steven L. R	obbins, Esqui	re	561 329-4492 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	iling 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Meals by Mikayla, 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 Florida document number L19000202448	were filed on August 8, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "1.1.C" or t	he 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 of registered agent and/or the new registered office address here		ter the name of the nev			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	. Florida	ì			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
	to to the				

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>	<u>Address</u>	Type of Action
MGR	Vincent M. Apicella, D.O.	1037 S St Road 7, Ste 211 Wellington, FL 33414	Add
			Remove
			☐ Change
MGR Mariaclara Bago, D.O.	Mariaclara Bago, D.O.	1037 S St Road 7, Ste 211 Wellington, FL 33414	Add
			□ Remove
			□ Change
MGR Mikayla Apicella	Mikayla Apicella	1037 S St Road 7, Ste 211 Wellington, FL 33414	_ Add
			■ Remove
			Change
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(If an eff Note:	ve date, if other than the date of filing:
	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	oct 1 2019.
	Signature of a member or authorized representative of a member
	organizate of a monteer of accompanies of a monteer
	Steven L. Robbins, Esquire