L19000254139

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
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COVER LETTER

TO:	Registration Se Division of Cor			
	Orlando Fo	oodies LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Lauren Katurakes		
		ORLANDO FOODIES L	Name of Person	
			Firm/Company	
		308 Magical Way		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Kissimmee, FL 34744		
		lmkandjlk@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Laurer	Katurakes		407 406-8000	
	Name of	f Person	at () Area Code Daytime T	l'elephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	.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 S		<u>Street Address:</u> Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



ORLANDO FOODIED 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 Co Florida document number 1.19000254139	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Maning unaress Will BEATTON OF THEE BOXY		
R If amending the registered agent and/or registered	l affice address on our records, enter	
	office address on our records, <u>enter</u>	the name of the new registe
	office address on our records, enter	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
		5.5

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>	Name	Address	Type of Action
MGR	Lauren Katurakes		□Add
			□Remove
		308 Magical Way Kissimmee, FL 34744	-
			🗀 Add
			□ Remove
			□Change
			Remove
			Change
			□Add
			□ Remove
			□Change
			🗀 Add
			□ Remove
			□Change
			□Add
			Remove
			Change

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an effective date is listed, ote: If the date inserted ocument's effective date record specifies a	the date must be specific ar ed in this block does not	nd cannot be prior to meet the applicab 'State's records. date, but not a	le statutory filing rec	nan 90 days after filing.) puirements, this date v	vill not be listed a
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