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(Requestor's Name) (Address)
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(Document Number)
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Registration Section Division of Corporations

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ECT:		·	
	Name of Lim	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Veronica Januzzi		
		Name of Person	
	The Kitchen Gangster LL	С	
		Firm/Company	
	21433 SW 85TH PATH		
		Address	
	Cutler Bay, FL 33189		
	veronicaemma@hotmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	dication)
rther information c	oncerning this matter, please ca	all:	
nica Jamuzzi		305 764-0872	
N 1	f Person	at () Area Code Daytim	
Name o	i rerson	Area Code Dayum	e Telephone Number
sed 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

The Kitchen Gangster LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on and assigned L19000282628 ida document number amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered it and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability cany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

., Florida __

emoved from our records:

R = Manager

BR = Authorized Member

7	<u>Name</u>	Address	Type of Action
iR	Veronica Januzzi	21433 SW 85TH PATH Cutter Bay, Florida 331289	
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Page 2 of 3

I am adding myself (Veronica.	Januzzi) as an authorized perso	nas an authorized perso	on (manager)	
				
				
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i ve date, if other than the betive date is listed, the date mu	e date of filing: ist be specific and cannot be prio	or to date of filing or my	(option on than 90 days after fil	Al) ina) Pursuant to 605 (120)
If the date inserted in this b	block does not meet the appli	icable statutory filing	g requirements, this d	ate will not be listed as
	Department of State's records			
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90th day after the rec	ed effective date, but no	ot an enective ti	me, at 12:01 a.r	n. on the earlier o
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December 4	2019			
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December 4	 	haffized representative	of a member	