

L19000 282628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

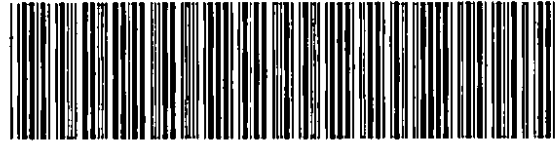
(Business Entity Name)

(Document Number)

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FILED

C. GOLDEN

JAN 14 2020

**Registration Section
Division of Corporations**

The Kitchen Gangster LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Januzzi

Name of Person

The Kitchen Gangster LLC

Firm/Company

21433 SW 85TH PATH

Address

Cutler Bay, FL 33189

City/State and Zip Code

veronicaemma@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Januzzi

305

764-0872

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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Organization for this Limited Liability Company were filed on 11/13/2019 and assigned
ent number 1.19000282628.

If amending name, enter the new name of the limited liability company here:

er new principal offices address, if applicable:

Principal office address **MUST BE A STREET ADDRESS**)

or new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City *Zip Code*

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 understand 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

R = Manager
BR = Authorized Member

BR = Authorized Member

[illegible]

[illegible]

note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2019

ited

Signature of a member or authorized representative of a member

Veronica Januzzi

Typed or printed name of signee