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SECRETARY OF STATE

D. BRUCE AUG 12 2020

COVER LETTER

TO: Registration Set Division of Cor				
	SHER KITCHEN LLC		y	
SUBJECT:	Name of Lim	ited Liability Company 🔸 👂	. .	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL BEN-CHETRI	т		
		Name of Person		
	MIKES KOSHER KITCH	EN LLC		
		Firm/Company		
	17700 NE 9TH PL			
		Address		
	NORTH MIAMI BEACH	FL 33162		
		City/State and Zip Code	 	
	michael.benchetrit16@gma			
		to be used for future annual report not	itication)	
For further information c	oncerning this matter, please c	all:		
MICHAEL BEN-CHET	RIT	305 342-6794 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:		SEC SEC	702N
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy-is enclusive)	ا م
Mailing Address Registration S		Street Address:		~
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	•	The Centre of I	•	
Tallahassee, I			e Street, Suite 810	
		Tallahassee, FL	. 32303	

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

MIKES KOSHER KITCHEN 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 were filed on 04/27/2020	a	nd assigned	
Florida document number L20000112236				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" or the	he abbreviat	ion "L.L.C."	
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADD	RESS)			
			****	_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· ·		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		SECRE	2020	stere
New Registered Office Address:		ATA AATA	至 !! 2	
	Enter Florida street address	TARY OF A	E M	
	City	Zip Zip	Linde	_
New Registered Agent's Signature, if changing Register	ed Agent:	ांग वे	₹;	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I a agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that the	am familia Or, if this	ur with and document	1
	If Changing Registered Agent, Signature of New	v Registerec	l 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
AMBR	ERICK ARAUZ	1790 79TH ST CSWY B312	≅Add
		NORTH BAY VILLAGE, FL 33141	□Remove
			Change
			□Add
			Remove
		 	□Change
			🗀 Add
			□Remove
			□Change
	-		2020 JUN 2 SEURETA TALLAI
			PHASSEE FL
<u></u>			FL DAdd
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

			
			
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ffective date, if other than the date of filing:	(optic	nal)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or a lote: If the date inserted in this block does not meet the applicable statutory filing	more than 90 days after	filing.) Pursuant	
ocument's effective date on the Department of State's records.	ng requirements, this	date will flot	oe iisieu a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. Lis filed.	on the earlier of: (b) The 90th da	y after the
ated JUNE 23 2020			
(1/11/1/1/2)			

Typed or printed name of signee