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(Address)
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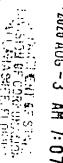
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
eun iezt.	MIAMI KI	TCHEN KREATION , LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALBERT BLOUN	т	
		Name of Person	
	MIAM	KITCHEN KREATION , LLC	
	-	Firm/Company	
	14960 SV	N 105 AVE	
		Address	
	MAMI	, FL 33176	
	· ·	City/State and Zip Code	
	blountadrienne55@		
For further information o	e-mail address: (to be used for future annual report notif	ication)
	oncerning this matter, prease c		
ALBERT BLOUNT Name of	CD	786 712 8908 at ()	: Telephone Number
Name o	rerson	Area Code Daytime	e Telephone Number
Enclosed 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI KITCHEN KREATION, LLC

(Name of the Limited Liability (A Florida I.	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L20000165974	mpany were filed on JUNE 16, 2020	and ssigned
This amendment is submitted to amend the following:		題もり
A. If amending name, enter the new name of the limite	ed liability company here:	9
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code

New 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 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
AMBR	ALBERT BLOUNT	14960 SW 105 AVE MIAMI, FL 33176	≣Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
		□Add	
			□Remove
			Change
		 	🗀 Add
			🗆 Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
			□ Remove
			□ Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(ii an ci Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	and the state of t

Page 3 of 3

Filing Fee: \$25.00