## L20000296538

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(Re	questor's Name)	
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	y/State/Zip/Phone #)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
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	-	
(Uo	cument Number)	
Certified Copies	_ Certificates of	Status
6	File - Office	
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC		ens Group LLC		
SUBJEC	~1. <u> </u>	Name of Lin	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Lisa Cotner		
			Name of Person	
		Askbsquared		
			Firm/Company	<del></del>
		8317 Front Beach Rd, Ste	8C2	
			Address	
		Panama City Beach, FL 32	2407	
		lisa@askbsquared.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report nou	fication)
For furth	er information c	oncerning this matter, please c	all:	
David G	uynn		850 819-1048	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>≡</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Sec	ction

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

Total	Kitchens	Group	11	c
1 CHAI	IZ HOREGIE	CHOOL	ᅩᅩ	١.

7:10; 1-3 FY 5:11

Total Kitchens Group LLC			(	
(Name of the Limited	Liability Compa A Florida Limited I	ny as it now appears ( liability Company)	on our records.)	
he Articles of Organization for this Limited Lia	bility Company	were filed on 09/29	0/2020	and assigned
lorida document number L20000296538	<del></del> .			
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here	<u>:</u> :	
ne new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	8317 Front Beach Rd, Ste 8C2		
Principal office address MUST BE A STREET	ADDRESS)	Panama City Bo	each, FL 32407	
				·
inter new mailing address, if applicable:		8317 Front Bea	ch Rd. Ste C2	
Mailing address MAY BE A POST OFFICE BOX)		Panama City B	each, FL 32407	
	<del></del>			
. If amending the registered agent and/or regent and/or the new registered office address	<u>here</u> :	address on our rec	ords. <u>enter the na</u>	me of the new regis
Name of New Registered Agent:	Lisa Cotner		<u>-</u>	
Many Revisional Office Address.	8317 Front Bear	· · · · · · · · · · · · · · · · · · ·	· <u>·</u>	
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:				
New Registered Office Address:	Panama City Be	each City	Florida <u>3</u>	2407 Zip Cock

## 1

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>	<u>Name</u>	Address	Type of Action
AMBR	Luke Outman	1402 Arkansas Avenue	□ Add
		Lynn Haven, FL 32444	■Remove
			□Change
			□Remove
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ffective date, if ot	her than the date of fi	ling:		(optional) days after filing.) Pursuant to 60:	
an effective date is list ote: If the date inso	d, the date must be specific rted in this block does no	and cannot be prior to da of meet the applicable	ite of filing or more than 90 statutory filing requirer	days after filing.) Pursuant to 60: nents, this date will not be list	5.0207 ( ted as t
ocument's effective	date on the Department of	of State's records.			
record specifies a de l is filed.	layed effective date, but	not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day after	er the
i is med.					
October 28	$\wedge$	2020			
<b>-</b>	1	<del>_</del> ,			
	N 1 /1/				
	and the		d representative of a memb		

Filing Fee: \$25.00

Typed or printed name of signee