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To:

Division of Corporations

Estimated Charge

Email Address:

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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ar	nnual	report	t mailin	gs.	Enter	only	one	email	add.	ress	ple	ase.	• •

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MARIE CARIBBEAN KITCHEN ON THE GO LLC Certificate of Status Certified Copy Page Count 05

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T. LEMIEUX

Div	istration Sision of Co	ection rporations		<u>:</u>
SUBJECT:	-	# CARIBBEAN KITCHEN ON T	THE GO LLC	* * * * * * * * * * * * * * * * * * *
SUBJECT:	-	Name of Lin	nited 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:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
		 	Address	
		Glendale, CA 91203		
		mckotg08@gmail.com	City/State and Zip Code	<u> </u>
			to be used for future annual report i	notification)
For further in	formation c	oncerning this matter, please co	·	
Cheyenne M			800 773-0888	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	ne following amount:		
□ \$25.00 F	iling 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clitton Building 2661 Executive	porations 3

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIE CARIBBEAN KITCHEN ON THE GO LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000300901</u>	y were filed on 09/23/2020	and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ie abbreviation	ı "L L.C."
Enter new principal offices address, if applicable:	3479 NE 163rd N. St.		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33160	··=	••
Enter new mailing address, if applicable:	20240 NW 32ND AVE .		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDENS, FL 33056	·	
-		<u> </u>	202
B. If amending the registered agent and/or registered of		ter the nai	nie of the ne
registered agent and/or the new registered office address her	<u>e</u> :	<i>:</i>	_
Name of New Registered Agent:		••	7P (
New Registered Office Address:			<u></u>
-	EnterFloridastreetaddress		
	Florida		
	City	ZipCo	scle

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

From: Richard York

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
			Add
			□ Remove
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ry.)	ther information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ner than the date of filing:	ective date, if other th

To:

Page 3 of 3

Filing Fee: \$25.00