LZ0000331066

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	E COOKING TOOLS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			2024 JAN -3
	JESSICA R. STEWART	•		三
		Name of Person		7/2 -o
	ULTIMATE COOKING T	COOLS, LLC	<u> </u>	
		Firm/Company		11 C
	2961 FOUNTAINHEAD I	DRIVE		_
		Address		
	LARGO, FL 33770		_	_
		City/State and Zip Code		-
	JRSTEWART0011@GMA			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	ottication)	
JESSICA R. STEWART		727 727-483-00 at ()	011	
Name o	f Person	Area Code Dayti	me Telephone Number	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres	Section	Street Address: Registration S		
Division of C P.O. Box 632	=	Division of Co The Centre of		
Tallahassee,			oe Street, Suite 8	110

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KING TOOLS, LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)		
he Articles of Organization for this Limited Liability Com		and assigned	
lorida document number <u>L20000331066</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	l liability company here:		
BLUE CROWN COOKING TOOLS, LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
		202 SE	
		PER L	
the address if applicables		27.1	
nter new mailing address, if applicable:		7,7 ²	
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered of	ffice address on our records, <u>enter th</u>	e name of the new registe	
ent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	da	
	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			ALE STAND
			Change □ Add
			□Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or othe: If the date inserted in this block does not meet the applicable statutory file cument's effective date on the Department of State's records.	more than 90 days afte	onal) r filing.) Purst s date will n	uant to 60 not be lis	5.0207 ted as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	n. on the earlier of: (t) The 90th	ı day aftı	er the
ted NOVEMBER 17				
R. J. MAN				

Filing Fee: \$25.00