L2C000356072

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|--|--|---|--|
| 1 | Man Ma Vita | Jan 110 | |
| SUBJECT: | Jow My Kita | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | J | • • | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | Johan | ny Joachim Name of Person | |
| | | Firm/Company | |
| | aic D | were Blud | |
| | | yer Blvd Address | |
| | 1. | W 21/2/11 | |
| | hissim | Mee FL 34741 City/State and Zip Code | |
| | | City/State and Zip Code | |
| | E-mail address: (t | to be used for future annual report notif | ication) |
| V on the short in Commention and | | · | ······ |
| | cerning this matter, please ca | | 1 |
| Johanny | Joachim | at (321) 332 50 Area Code Daytimo | 664 |
| Name of | Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | following amount: | | |
| 1 | ☐ \$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 Address: Registration: Se | ction | Street Address: Registration Sec | |
| Division: of Co P:O: Box 6327 | • | Division of Corp The Centre of T | |
| Tallahassee: FI | | | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wow My Kitcher (Name of the Limited Liability Company a (A Florida Limited Liabi | as it now appears on our records.) ility Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company wer Florida document number <u>L 20000356072</u> . | re filed on 111102020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | y company here: |
| The new name must be distinguishable and contain the words "Limited Liability C | Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | 200 |
| (Principal office address MUST BE A STREET ADDRESS) | 25 O 1 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 0 PH 3: 59 |
| B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: | ress on our records, enter the name of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionally has been notified in writing of this change. | rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------|---------------------|----------------|
| MGR | Mr. Johanny Joachim | 915 Dyer Blud | □Add |
| | | Hissimmee, FL 34741 | CRemove |
| | | | □Change |
| MAR | Johanny Joachim | 915 Dyer Blud | [ZAdd |
| | | Hissimmee, FL 34741 | □Remove |
| | | | □Change |
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| Note: If | date, if other than the date of filing: |
| e record s rd is tiled. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| | December 2 2020, |
| Dated | December 3. 6-000 |
| Dated | Signature of a member for authorized representative of a member |

Filing Fee: \$25.00