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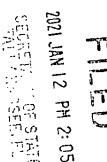
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COVER LETTER

BJECT: Blessed Kitchen Catering LLC. Name of Limited Liability Gompany
e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following:
ase return an correspondence concerning this matter to the following.
Shameika Latala Shieley
Blessed Kitchen Ottering UC
Address Lauderchile Lakes FL 33309 So Proceed City/State and Zip Code Northaniel Educateds 041307 @ Grownil-Com Fig. So
Lauderchile Lakes FL 33309 39 7 City/State and Zip Code
Nathanie Edwards 041301 6 Finail-Com E-mail address: (to be used for future annual report notification)
her information concerning this matter, please call:
Name of Person) Shiplei at (754) 308 4924 Area Code Daytime Telephone Number
is a check for the following amount:
10 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, \\ Certificate of Status & \Bigcup \{additional copy is enclosed\} \Bigcup \{certified Copy \\ (additional copy is enclosed)\} \Bigcup \{additional copy is enclosed\}
Street Address: egistration Section Street Address: Registration Section

ivision of Corporations
O. Box 6327

Э:

Registration Section Division of Corporations

llahassee, 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

Blessed Kitchen	Control Liability Company as Florida Limited Liability	t now appears on our y Company)	records.)	
e Articles of Organization for this Limited Lia orida document number <u>L 2000</u> 375	'	filed on <u>NOVE m</u> l	088:30·2020	and assigned
s amendment is submitted to amend the follow	ving:			
If amending name, enter the new name of t	he limited liability c	ompany here:		
lessed Vitchen Cat new name must be distinguishable and contain the wor	ering LLC ds "Limited Liability Co	npany," the designation	n "LLC" or the abbrev	inton "L.L.C."
er new principal offices address, if applical	ole:	_	17. FCR	2 7
cipal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		2
new mailing address, if applicable: ing address MAY BE A POST OFFICE B	<u></u>		OF STATE	PH 2: 05
mending the registered agent and/or regand/or the new registered office address		ss on our records,	enter the name of	the new registered
Name of New Registered Agent:	Shameika	Latara	Shilley	
New Registered Office Address:	3981NW	30th Terra	address	dale apt1
	Lakos	ity	_, Florida <u>33</u>	309 Zip Code

istered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the us of all statutes relative to the proper and complete performance of my duties, and I am familiar with and se obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ad to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

Thanging Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐Change
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If the date	inserted in this blo	ock does not meet the appeartment of State's recor	olicable statutory f	iling requirements, th	nis date will not be l	istec
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Dece	mbee - =	31 . 2020	<u>)</u> .			
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) Slinky	Signature of a member or at	uthorized representa	tive of a member		
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Filing Fee: \$25.00