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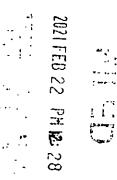
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Division of Corporations

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February 10, 2021

SARA HOWELL 3329 W WALLCRAFT AVE TAMPA, FL 33611

SUBJECT: THE LUNCH LIST LLC

Ref. Number: L20000384039

We have received your document for THE LUNCH LIST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000169590.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00002993

COVER LETTER

TO:

	The Lunch L	ist		· · · · · · · · · · · · · · · · · · ·
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Sara Howell		
Name of Limited Liability Company The enclosed Articles of Amendment and fects) are submitted for filing. Please return all correspondence concerning this matter to the following: Sara Howell				
		The Lunch List		
		Address Tampa, FL 33611 City/State and Zip Code sarajhowell@hotmail.com E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: 404 232-9432 41 (
		3329 W Wallcraft Ave		
		·	Address	····
	Division of Corporations The Lunch List Name of Limited Liability Company enclosed Articles of Amendment and feets) are submitted for filing. the return all correspondence concerning this matter to the following: Sara Howell Name of Person The Lunch List Fitm/Company 3329 W Wallcraft Ave Address Tampa, Fl. 33611 City/State and Zip Code sarajhowell@hotmail.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: Howell Name of Person Area Code Daytina: Telephone Namber sosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810			
		· · ·	City/State and Zip Code	
	Division of Corporations The Lunch List Name of Limited Liability Company			
For further in	formation co			incariony
Sara Howeil				
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$ 25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
Division of Corporations		Division of Corporations		
			2415 N. Monro	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Lunch List, LLC 2021 FEB 22 Filtro 29

(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	;- :-
	lity Company were filed on December 8, 2020	
lorida document number L20000384039		
his amendment is submitted to amend the followir		
. If amending name, enter the new name of the	e limited liability company here:	
On the Menu, Like Online Menu De	livery LLC s"Limited Liability Company," the designation "LLC" or the abi	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
inter new principal offices address, if applicable	e:	
Principal office address MUST BE <u>A STREET A</u>		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	stered office address on our records, enter the nam	e of the new reg
gent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida City	

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 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			
<u>Title</u>	<u>Name</u>	Address	2021 FEB 22 PM 10. 29	Type of Action
			THE STATE OF THE S	🗆 Add
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