L21000662175

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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	Office Use Only	

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December 28, 2022

ANITA MATSON 3078 SEA GATE CIR. MERRITT ISLAND, FL 32953

SUBJECT: ANITA KITCHENS CONSULTING LLC

Ref. Number: L21000062175

We have received your document for ANITA KITCHENS CONSULTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 122A00028923

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Litchens Consulting LLC Rame of Limited Liability Company
The enclosed Articles of Amendment and fe	
Please return all correspondence concerning	this matter to the following:
	inite Matson
	Firm/Company
30	78 Sec. Geate Cir.
	City/State and Zip Code
Esn	at Li and Ca LiC amail (Oh) all address: (to be used for juture annual report notification)
For further information concerning this mat	er, please call:
Cirillo UM Citson Name of Person	at (<u>321</u>) <u>501-9066</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	#: •
TI \$25.00 Filing Fee V. \$30.00 Filing Certificate	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Name of the	a Kitchen's Consulting LLL	
\(\cdot \cdot \cdo	Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limit	ted Liability Company were filed on 2-4-2021	and assigned
Florida document number <u>L21</u> 000	662175	
This amendment is submitted to amend th	e following:	
A. If amending name, enter the new na	me of the limited liability company here:	
Fai	1th of COLLC	
The new name must be distinguishable and contain	n the words "Limited Liability Company," the designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if a	applicable:	
(Principal office address MUST BE A ST	TREET ADDRESS)	
Enter new mailing address, if applicable	e:	
(Mailing address MAY BE A POST OF)	FICE BOX)	
B. If amending the registered agent and agent and/or the new registered office a	d/or registered office address on our records, <u>enter the nan</u> i <u>ddress here</u> :	le of the new registered
Name of New Registered Agen;	Linita Matson	No. 22
New Registered Office Address:		65
New Registered Office Address.	Enter Florida street address	3
	, Florida	0
	City	Zip Code
New Registered Agent's Signature, if chap		် _ည ် မှ
provisions of all statutes relative to the accept the obligations of my position a being filed to merely reflect a change i	istered agent and agree to act in this capacity. I further ag proper and complete performance of my duties, and I am, s registered agent as provided for in Chapter 605, F.S. Or, a the registered office address. I hereby confirm that the lin	tamiliar with and if this document is
company has been notified in writing d	tims change.	
	If Changing Registered Agent, Signature of New Re	gistered Agent

or removed fi	rom our records:			
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name		Address	Type of Action
Arcsident	Chrisa Mat	S617	· · · · · · · · · · · · · · · · · · ·	□Add
				□Remove
				La Change
				□Add
				Remove
				Change
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				Change
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				Coheren

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If amending any other information	enter change(s) here: (Attach additional sheets, if necessary.)

············	
(If an effective date is listed, the date must be	e of filing:
If the record specifies a delayed effective da record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1-4-23	
	idure of a member or authorized representative of a member
\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00