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GHADI

COVER LETTER

	istration Sec ision of Corp					
CUBICA	Eugenie's C	leaning Services and Take Ou	at food LLC			
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:			
		Eugenie Louis				
			Name of Person			
		LIMITED LIABILITY CO	OMPANY			
			Firm/Company	_		
		4289 URQUHART STREE	ET			
			Address	— 	2:	
		Lake Worth FL. 334461		- · · · · · · · · · · · · · · · · · · ·	12	
			City/State and Zip Code	 :	-<	•
		eugenielouis04@yahoo.com		_ :	=-	۲.
		E-mail address: (to be used for future annual report notification)		`.	•
For further in	nformation co	ncerning this matter, please c	all:		•	
Eugenie Lou	iis		561 5605173		411	
	Name of	Person	Area Code Daytime Telephone Num	ber	— 	
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifi	icate of icd Cop	Status a	
	iling Address		Street Address: Registration Section			
•	gistration S vision of Co		Division of Corporations			
). Box 6321	•	The Centre of Tallahassee			
Tal	llahassee F	T 32314	2415 N. Monroe Street, Suite	e 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C	Company were filed on 03/02/2021		and assigned	
This amendment is submitted to amend the following:	_			
A. If amending name, enter the new name of the lim	ited liability company here:			
Eugenie's Catering and Takeout Food LLC				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		·	1771	
(Principal office address MUST BE A STREET ADDI	RESS)	· · · · · · · · · · · · · · · · · · ·	7:	
			<u> </u>	
			22	
Enter new mailing address, if applicable:			<u>i</u> · '	
(Mailing address MAY BE A POST OFFICE BOX)	 - · · · · · · · · · · · · · · · ·	::::::::::::	<u> </u>	
		.		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the nam	e of the new regis	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City·	, Florida	Zip Code	
	Cuy		zaji 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 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>	Name	Address	Type of Action
			□Add
		<u> </u>	□Remove
			□Change
			□∧dd
			□Remove
			Change □ Change
			□∧dd
			□Remove
			□Change
			□Add
			Remove
			□ Change
			Remove
			□Change
			DAdd
			□Remove
			□Change

Effective date, if other than the date of filing: 2227/2021 (optional) Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Order: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. Dated 04/01/2021			_
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FUNDIN MONT	04/0 Dated	2021	
Signature of a member of authorized representative of a member		Ey (Morales)	
		ugenie Louis	

Typed or printed name of signee