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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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		-		*
SUBJECT:		Bations & Cuisine LLC		· *
		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	
		ZenBusiness INC.		
			Firm/Company	
		5511 Parkerest Dr. Suite 1	0.3	
			Address	
		Austin, TX 78731		
		<del> </del>	City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report no	
For further	information c	oncerning this matter, please c	•	ancanon)
Fabrizio Le	rngua		512 237-7349 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>\$25.00</b>	Filing Fee	☐ \$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)
	ailing Addres		Street Address: Registration S	ection
	-	Corporations	Division of Co	
	O. Box 632		The Centre of	
Fa	illahassee, l	FL 52514	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAR -4 AM 8: 45

McKarls Libations & Cuisine LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 2021-03-31	and assigned
Florida document number 1.21000150191		
This amendment is submitted to amend the following:	itted to amend the following:	
A. If amending name, enter the new name of the limited liab	ending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7112 Glendyne Dr N	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville , FL 32216	
Enter new mailing address, if applicable:	7112 Glendyne Dr N	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville , F1. 32216	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
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 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 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			[]Change
			□Add
			□Remove
			□Change
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			□Change

## Page 2 of 3

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The 90th day after the record is filed.	
ted 03/01 2022	the earlier
/s/ Matthew D McIntyre	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00