## L21000209297

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	CHEN CO. LLC			
SUBJECT:	Name of Limi	ited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KIM ARTEAGA			
		Name of Person		
	KIM'S KITCHEN CO. LL	C		
		Firm/Company		
	1441 MAGAZINE ST			
		Address		
	NEW ORLEANS, LA 701	30		
	<del></del>	City/State and Zip Code		· · · ·
	KAT2757@MSN.COM			_ ,
	E-mail address: ()	to be used for future annual rep	ort notification)	2021
For further information c	oncerning this matter, please ca	all:		
KIM ARTEAGA		847 922-6	823	7071 JULY 25
Name o	f Person		Daytime Telephone Nur	mber 🚆
Enclosed is a check for the	ne following amount:			÷ 50
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi ed) Certi	0 Filing Fee, ficate of Status & fied Copy is enclosed)
Mailing Address		Street Addr Degistration	ress: on Section	
Registration Section Division of Corporations		_	on Section of Corporations	
P.O. Box 632			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIM'S KITCHEN CO. LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2021	and assigned
Florida document number <u>L21000209297</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		027
New Registered Office Address:	Enter Florida street address	725
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code:

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>	<u>Name</u>	Address	Type of Action
MGR	HENRIETTE HOYOS	1001 NW 7TH ST APT 618	<b>≣</b> Add
		MIAMI, FL 33136	Remove
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			□Remove
			□Add
			□Remove
			□Change
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	date, if other than the date of filing: (option	al)		
<u>lote:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil the date inserted in this block does not meet the applicable statutory filing requirements, this discretive date on the Department of State's records.			
record s l is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day after t	the
	Inno 11st 2011			
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ated	Signature of a member or authorized representative of a member			