h21000230523

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(Address)
(Address)
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A BUTLER FEB 1 1 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Coral Springs Kite	chen 3, LLC			
DOCUMENT NUMB					
	of Amendment and fee are st	abmitted for filing.			
Please return all corresp	pondence concerning this ma	atter to the following:			
1	Ronny Peltes				
-		Name of Contact Perso	n		
(Coral Springs Kitchen 3, LL	С			
-		Firm/ Company			
	1499 SW 30th Ave. #16	Time Company			
-	Address				
i	Boynton Beach, FL 33426				
-	City/ State and Zip Code				
(office@mackindustrial.com				
-	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
Ronny Pelics		,954 at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Elmited 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 $\frac{5 18 2021}{2021}$ and assigned or
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here: Lantana Katchen 3 LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: **Auiling address MAY BE A POST OFFICE BOX)**
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent and/or the new registered office address here:
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 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
			(□Add
			□Remove
			□Add
			□Remove
			□Change
- <u> </u>			□Add
			□Remove
			□ Change
		-	□Add
			□Remove
			Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			Fici

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(II an el	tive date, if other than the date of filing: 18 2022 (optional) Tective 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 (3 1f) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	id 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 iled.
Dated	1/25/2022
	- Clb Ym
	Signature of a hember or authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00



RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 JAN 28 AM 8: 57 Division of Corporations

SECRETARY OF STATE TALLAHASSEE.FL

January 19, 2022

RONNY PELTCS 1499 SW 30TH AVE. #16 BOYNTON BEACH, FL 33416

SUBJECT: CORAL SPRINGS KITCHEN 3 LLC

Ref. Number: L21000230523

We have received your document for CORAL SPRINGS KITCHEN 3 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT 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.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00001402