

L21000230657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

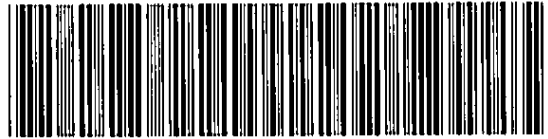
(Business Entity Name)

(Document Number)

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AUG 16 2021  
10:23 AM

2021 AUG 16 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

AUG 17 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KRE-YOL CUISINE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIE DESIRAL MAJUSTE  
Name of Person  
KRE-YOL CUISINE LLC  
Firm/Company  
PO BOX 21073  
Address  
TALLAHASSEE, FLORIDA 32316  
City/State and Zip Code  
MARIEDESIRAL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERMANE MAJUSTE 850 339-9490  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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**

KRE-YOL CUISINE LLC

(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 05/18/2021 and assigned  
Florida document number L21000230657.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	MARIE DESIRAL MAJUSTE	PO BOX 21073	<input type="checkbox"/> Add
		TALLAHASSEE	<input type="checkbox"/> Remove
		FLORIDA 32316	<input checked="" type="checkbox"/> Change
CO-OWN	BERMANE MAJUSTE	PO BOX 21073	<input type="checkbox"/> Add
		TALLAHASSEE	<input type="checkbox"/> Remove
		FLORIDA 32316	<input checked="" type="checkbox"/> Change
AMBR	EPHETHALIE B PAUL	2001 OLD ST. AUGUSTINE RD, APT G308	<input type="checkbox"/> Add
		TALLAHASSEE	<input checked="" type="checkbox"/> Remove
		FLORIDA 32301	<input type="checkbox"/> Change
AMBR	PHILIPPE AUXERRE	2001 OLD ST. AUGUSTINE RD, APT G308	<input type="checkbox"/> Add
		TALLAHASSEE	<input checked="" type="checkbox"/> Remove
		FLORIDA 32301	<input type="checkbox"/> Change
AMBR	WORLD S CEUS	2001 OLD ST. AUGUSTINE RD, APT M305	<input type="checkbox"/> Add
		TALLAHASSEE	<input checked="" type="checkbox"/> Remove
		FLORIDA 32301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

08/15/2018

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_ AUGUST 15, 2021

MARIE DESIRAL MAJUSTE

**Filing Fee: \$25.00**