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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tilas healthy Name of United	Ritchen Liability Company		
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.		
Please return all correspondence concerning this matter to	the following:		
Tilahia yr.	Echer Onli	2	
Tilas head	thy Kitch	ren	
6680 Benne	tt Creak	pr. ap	d 71 2
tilahia Da	City/State and Zip Code used for future annual re	·m	
For further information concerning this matter, please call:	,		
Dancy Quinones Name of Person	at (<u>G04</u>) Area Code	483 - 1 Daytime Telepho	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number _______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and Jontain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 6680 Bennett Croeks (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: New Registered Office Address:

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Tilahia Eherania	6680 Bennett Creek do.	7/2 DAdd
			□Remove
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	N/A
(If an e <u>Note</u>	tive date, if other than the date of filing: 3/3/2 (optional) flective 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)(a. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is (ord 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 ided.
Dated	
	Tilahia Chevania Signature of a member or authorized representative of a member
	Tilahia M. Echevarria Typed or printed name of signee

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