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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MARGARITA	KITCHEN LLC	
	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	'
Please return all correspondent	ondence concerning this matter	to the following:	
	<u></u>	RGARITA U. TOBIN Name of Person	
		Name of Person	(0 2
			1021 ECI TA
		Firm/Company	
	7002 N ATLANTIC	CAVE CAPE CAHAVEI	2021 JUL -9 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FL
		Address	EE S
	CADE CANANEDAL	FL 300121)	G: O
		FL 32920 City/State and Zip Code	
	E-mail address: (RITA. ULIP & ONFIL: COM	fication) .
For further information c	oncerning this matter, please e	all:	
MARCARITA	I. TOBIN	at (<u>321</u>) 6 14 Area Code Daytime	1 - 5339
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ition
Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARGARI	TA'S KITCHEN LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 0G /29/2021 and assigned
Florida document number <u>L_21000 299847</u>	
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
MARGAKITA	"Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	: 7002 N ASLAHTIC PARE CAPE.
Principal office address MUST BE A STREET AI	DDRESS) CANAVERAL, FL 3200
Enter new mailing address, if applicable:	7002 H ATLANTIC BE GAPE
Mailing address MAY BE A POST OFFICE BOX	CHNANERAL PL 32 GEO OI
3. If amending the registered agent and/or regist gent and/or the new registered office address he	ered office address on our records, enter the name of the new regist re:
Name of New Registered Agent:	MARGARITA U. TUBIN
New Registered Office Address:	7002 H ATCANTIC AYE Enter Florida street address
	Enter Florida street address
. (CAPE CANANERAL Florida 32920 City Zip Code
	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:

I

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR <u>Nirua Nav</u> ir	MARGARITA U. 10BIH	7002 NATLANTIC ANE	⊠ Add ′
		CAPE CANAMERAL, FL 32920	□Remove
			🗆 Change
	JOH TOBIH		□ Add
		SECRE	Dipamaya
MRG	MARUKRITA U. TOBH	378 ANGELO LAME SSEE. FL. COCOA BEACH, FL 32931	Change 9 Plad
		COCON BEACH, FL 32931	ယ္က Remove
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ective date, if other than	the date of filing			(ontinual)	
effective date is listed, the date te: If the date inserted in the tument's effective date on the	must be specific and c is block does not me	annot be prior to date et the applicable st	of filing or more than 90 atutory filing require	(optional) 0 days after filing.) P ments, this date w	Pursuant to 605.020' ill not be listed as
cord specifies a delayed effe s filed.	ective date, but not a	n effective time, at	12:01 a.m. on the ear	dier of: (b) The S	90th day, after the
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ed <i>Out \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</i>	Signature of a me	mutchin mber or authorized r	epresentative of a memb	ner	·

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