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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2021

RAVINDRA SEEPERSAUD 12210 UPSTREAM CT ORLANDO, FL 32828

SUBJECT: THE CARIBBEAN KITCHEN LLC

Ref. Number: L21000303866

We have received your document for THE CARIBBEAN KITCHEN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00019302

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: The	Caribbean Hit	chen LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	The Caribbean Mitchen LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Pavindra Jeepersqud Name of Person The Caribbean Mitchen LLC Firm/Company 12210 Upstream Court Address Orlando , Florida 32828 City/State and Zip Code Trevorseepersaud 29@gmail Com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: A Seepersaud Area Code Teleptone Number Area Code Status Certificate of Status Certified Copy (additional copy is enclosed) Address: Registration Section nof Corporations Name of Corporations		
			<u>C</u>
	12210 Upstrea		
	Orlando, Fl	Orida 32828 City/State and Zin Code	
	Trevorseepers E-mail address: (t	and 29@gmail. Con o be used for future annual report noti	fication)
For further information co	incerning this matter, please co	ill:	
Rovindra S	eepersaud	a ₁ (407) 234(744
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filling Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address			
_		_	
P.O. Box 6327	•		•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Caribbean Kitchen 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 07 01 2021	and assigned
Florida document number <u>L1000303866</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Caribbean Kitchen Florida LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the company of the designation of the company of the designation of the company of the c	breviation "I. I.,C."
Enter new principal offices address, if applicable:	
(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 address on our records, enter the namagent and/or the new registered office address here:	e of the new register
	a. 3
Name of New Registered Agent:	·
New Registered Office Address:	• •
Enter Florida street address	C
	<u>.</u>
Cıţy	Zip Code.
New Registered Agent's Signature, if changing Registered Agent:	e o
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am j	
provisions of all statutes relative to the proper and complete performance of my duties, and I am j accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or.	

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>	Address	Type of Action
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(If an effective da Note: If the da	ite is listed, the a ate inserted in	nan the date of fil date must be specific in this block does no in the Department o	and cannot be prior to t meet the applica	o date of filing or mobile statutory filing	(option than 90 days after requirements, this	onal) filing) Pursuant to 60; s date will not be list	5,0207 (3 led as th
the record specificord is filed.	ies a delayed	effective date, but	not an effective tir	ne, at 12.01 a.m. c	on the earlier of: (b) The 90th day afte	er the
Dated A	igust	2Q Signature o	2021	echanical presentative	of a member	<u> </u>	
	ZAV	ASCUI		RSAMI	\		

Filing Fee: \$25.00