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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CIPE WY Kitchen LC 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:
Debbeann Bryce Name of Person
One lyx Kitchen LLC Firm/Company
4755 N Australian Ale Apt 204
Mangonia Park + 33407 City/State and Zip Code by cedebean 6 cmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbeann Bry Code Daytime Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

One luy Kitchen	UC
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2100306377	were filed on 1, 2001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab One La Essentials The new name must be distinguishable and contain the words "Limited Liabi	LLC
Enter new principal offices address, if applicable:	7750 Okeechobee Blyd
(Principal office address MUST BE A STREET ADDRESS)	Suite 4-87008
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mest Palm beter B341
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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

Title	Name	Address	Type of Action
MCR	Debbeann Bryce	7750 Okeechobee Blvo	\ □∧dd
		Suite 4-870	□Remove
		Hest Palm both 71 3341	<u> </u>
AMBR	Syed Rehman	7750 Okeed abec Blad	_VZ∕Add
		Suite 4-870	□Remove
		West Palm buch \$133411	□Change
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Note:	ive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
recoi d is fi	d 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 led.
)ated.	Dedentider 6th, 2022
	Signature of a member or authorized representative of a member
	Debbeann Bryce