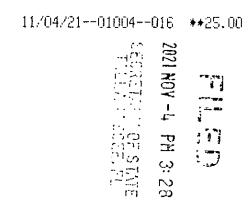
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Y. SCOTT NOV 1 6 2021

COVER LETTER

TO: Registration Sc Division of Cor			
MEDITER	RANĖAN KITCHEN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	CARL L KENNEDY		
		Name of Person	
	KENNEDY & GOARD L	LC	2021 NOV -4 PH 3: 28 SECRETALL/ OF STATE TRALL/ OF SEELFL
		Firm/Company	
	980 N FEDERAL HWY	STE 110	μ Ph
		Address	
	BOCA RATON FL 3342	32	EE 28
		City/State and Zip Code	
	CLKTax@AOL.COM		***
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)
CARL L KENNEDY		304 552-0206	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our recor forida Limited Liability Company)	rds.)
lity Company were filed on 07/06/2021	and assigned
ng:	
e limited liability company here:	
	20
s "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
e:	
(DDRESS)	
	74TE 28
<u></u>	
stered office address on our records, <u>ente</u> ere:	r the name of the new register
Enter Florida street addr	ess
_	
, I , City	Horida Zip Code
	Ility Company were filed on 67/06/2021 Ing: It is "Limited liability company here: S "Limited Liability Company." the designation "LL et al. IDDRESS) Stered office address on our records, enterere: Enter Florida street address. 1

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>	Address	Type of Action
AMBR	FARUK CELIK	4100 CRYSTAL LAKE DRIVE	□Add
		РОМРАНО ВЕАСН	■Remove
		FLORIDA 33064	Change
AMBR	SAKINE GUVEN	9370 SW 8th STREET APT 220	■Add
		BOCA RATON	C GRemove
		FLORIDA 33428	Change
			Add To Ad
			Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus	date of filing:			(o <u>r</u>	tional)		
Note: If the date inserted in this bl	ock does not mee	et the applicabl	date of tiling or mo le statutory filing	re than 90 days a requirements,	fter filing.) Pur this date will	suant to 60 not be lis	05.0207 sted as 1
document's effective date on the D	epartment of Stat	te's records.					
record specifies a delayed effective	e date, but not ar	r effective time	eat 12:01 a.m. e	n the earlier of	(h) The 90	th day aft	er the
d is filed.	e trate, out not an	refrective time		in the entire of	(0)		•• •••
OCTOBER 29		2021					
Dated October 25	·						
\sim \sim \sim							
X	Signature of a me						

Filing Fee: \$25.00