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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVERLETTER

TO: Registration So Division of Cor			
	O KITCHEN, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ORLANDO DENIS		
		Name of Person	
	DENIS PRO KITCHEN, I	LLC	
		Firm/Company	
	7041 SW 6 ST		
		Address	
	PEMBROKE PINES, FL	33023	
		City/State and Zip Code	
	DENISKITCHENINC@G	MAIL.COM	
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	all:	
ORLANDO DENIS		305 3 60-7800 at (
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (addinonal copy is enclosed)
Mailing Addre		Street Address:	otion
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of I	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

DENIS PRO KITCHEN, LLC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	2022 HAY 23 AH 9: 19
The Articles of Organization for this Limited Liability Company were filed of Florida document number	on08/20/2021	Stand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and comain the words "Limited Liability Company.	" the designation "LLC" or the	abbreviation "L.L.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 agent and/or the new registered office address here:	our records, enter the na	nme of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
Ente	er Florida street address	
	, Florida	
Cig:		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	ce of my duties, and I and in the control of the co	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

51,	THILL	***	 -	***	M4441	V.	***	P-1-7V-4	
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DI.	гешо	red:	from	our	record	3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	AGUIAR, ROBERTO	15763 SW 44 TERRACE	
		MIAMI, FL 33185	■ Remove
			Change
			□Add
			☐ Remove
			□Change
		 	
			□Remove
			☐Change
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			□ Remove
			☐ Change
			□Add
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			□Add
			□ Remove
			□Change

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. If amen	ding any other infor	nation, enter cha	ange(s) bere:	Attach additio	nal sheets, if nec	essary.)	
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(If an effect Note: If	re date, if other than the date is fitted, the date is fitted, the date in this at 's effective date on the	mist be specific and co block does not me	annot be prior to det et the applicable	are of filing or more statutory filing	re than 90 days afte	onal) r filing.) Pursuant to 6 is date will not be li	05.0207 (3)(sted as the
the record cord is file	specifies a delayed effec d.	tive date, but not as	n effective time.	at 12:01 a.m. or	n the earlier of: (l	o) The 90th day af	ter the
Dated _	MAY 18	,	2022				
	Colony	Man					
	ORLANDO DENIS	Signature of a me	ember or authoriza	ed representative o	f a member		
			vped or printed n	·····			