K21000400925

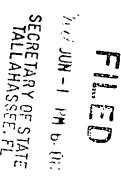
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Q. SILAS
Jun -
6/1/22

Office Use Only



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RECEIVED

2022 JUH - 1 PM 1: 09

SECT. AND STATE TALE ABAS SEE, FL

May 15, 2022

OTTO LUGO 201 W MERRICK VALLEY STREEAM, NY 11580

SUBJECT: POINT BREAK KITCHEN LLC

Ref. Number: L21000400925

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 122A00011096

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corpo			
SUBJECT:POLY	1 Break Kitch	nen LL (led Liability Company	
	Name of Limit	ed Liaomty Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Martha Ter	Name of Person	
	Point Brea	K Kitchen LLC Firm/Company	
	572 SW (rawfish Dr Address	
		LUCIC FL 344 City/State and Zip Code	
	POINT DICAKS K	i + CNEN @CM31 . COM o be used for future annual report notific	ration)
For further information cor	ncerning this matter, please ca	Н:	
Mai Mane of I	(Cramo	at (<u>b3</u>) <u>456</u> - Daytime	C644 Telephone Number
Enclosed is a check for the	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)
Mailine Address		Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ENT FILED

ARTICLES OF ORGANIZATION (1977 JUN - 1 PM 6: 08)

	Or	SECRETARY OF STATE TALLAHASSEE.FL
Point Bre	ak Kitchen LLC	
(<u>Name of the Limite</u>	ed Liability Company as it now appears (A Florida Limited Liability Company)	<u>on our records.)</u>
The Articles of Organization for this Limited Li. Florida document number $\frac{12106(46)}{}$		/ 0 9 / 2 () 2 \ and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :
		and the standard of LC."
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the des	ignation "LLC" or the appreviation (L.t.C.
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our re s <u>s here</u> :	cords, enter the name of the new registered
Name of New Registered Agent:	Martha Teramo	
New Registered Office Address:	572 SW Crawfis Enter Flori	da street address
	Port Saint Lucic	_, Florida <u>34953</u>

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Otto Lugo	201 W Merrick Ra	□Add
)	201 W Merrick Ra Valley Stream, NY 1580	Remove
			□Change
			□Add
			□Remove
			□ Change
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Note: If the	te, if other than the date late is listed, the date must be sp date inserted in this block d effective date on the Departs	loes not meet the applic	came statutory rining	(option ore than 90 days after fig requirements, this o	nal) ling.) Pursuant to 605,0207 (2 date will not be listed as th
the record spe- cord is filed.	ifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated	1ay 25	, _202	2.		
-	1ay 25 MWThis	ature of a member or auti	norized representative	of a member	
_		Ma Tocan Typed or prin			