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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Rescue 3 Lb. Name of Limited	A Penintada Kitchen I Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Angel Rive	Name of Person
	Firm/Company
21 Royal	Palm Way Apt 202 Address
Boca Rator	~ FL 33432 City/State and Zip Code
E-mail address: (to be For further information concerning this matter, please call:	SECRETAR SECRETAR
Angel Rivera	at (484) 358 - 729 6 55 Area Code Daytime Telephone Number 200
England is a short fauth fallowing amount.	# 23 # 23
Enclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Taltanasse:

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as (A Florida Limited Liability Company as)	it now appears on our records.)
(A Florida Limited Liabili The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000 410 53 1</u> .	0 11,0021
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)  ———————————————————————————————————	POZZ SEP 27 P
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress 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

<u>Title</u>	Name	Address	Type of Action
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	M) chdos		□Change
AMBR	Michael Rijea	21. Royal Palonway Boxa Ralon, F1 33432	- Saud
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