KZ1 (900) 436574

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COVER LETTER

Division of Co	porations		
SUBJECT:		FOOD SPOT LLC	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		VERNELL MOSS	
		Name of Person	
	7	Γ&P SEAFOOD SPOT LLC	
		Firm/Company	
	209 W	HILLSBORO BLVD, SUITE B	
		Address	
	DEI	ERFIELD BEACH, FL 33441	
		City/State and Zip Code	
		OUNEK7@GMAIL.COM to be used for future annual report not.	fication)
For further information c	oncerning this matter, please of	·	namon)
VERNELL MOSS		954 20 at ()	05-6159
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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)

TO:

Registration Section

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

FILED

2022 MAY 23 AM 8: 43 T & P SEAFOOD SPOT LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 5, 2021 and assigned Florida document number ____L21000436574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: T&PKITCHEN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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	LATOYA RANDELL	209 W HILLSBORO BLVD SUITE B	
		DEERFIELD BEACH, FL 33441	□Remove
			□Change
MGR	GR VERNELL MOSS	209 W HILLSBORO BLVD, SUITE B	□Add
		DEERFIELD BEACH, FL 33441	□Remove
			BChange
			□Add
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			Change
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Effective date, if other than the date must be	ite of filing:	(optional)) Democrat to 605 070
Note: If the date inserted in this block	does not meet the applicable statuto	ry filing requirements, this date	will not be listed as
document's effective date on the Department	intment of State's records.		
c record specifies a delayed effective d	ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) Th	e 90th day after the
ord is filed.		,	·
MAY 12	2022		
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