## h22000057263

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## **COVER LETTER**

Division of Cor	poracions		
KJ Cooking	& Catering Company LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jacinta Pinckney		
		Name of Person	
	KJ Cooking & Catering Co	mpany LLC	
		Firm/Company	
	6901 N. 19th St		
	<del> </del>	Address	
	Tampa, FL 33610		
		City/State and Zip Code	·
	bougiepalate@gmail.com		
		to be used for future annual report notific	eation)
For further information of	oncerning this matter, please ca	all:	
Jacinta Pinckney		813 270-9901 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 S		<u>Street Address:</u> Registration Sect	ion

TO:

**Registration Section** 

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJ COOKING & CATERING COMPANY		20	
(Name of the Limited Liabili	ty Company as it now appears on a a Limited Liability Company)	our records.) JUL	
(A Florida	a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 02/02/20		
		177 .	7.1
Florida document number L22000057263	·		0
This amendment is submitted to amend the following:		10810 10810 10810 10810	
A. If amending name, enter the new name of the lim	ited liability company here:	\$ °	
The Bougie Palate LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	d office address on our recor	ds, enter the name of the new register	red
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet 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 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
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ective date, if other than the effective date is listed, the date in tee: If the date inserted in this nument's effective date on the	nust be specific block does n	and cannot bot meet the	applicable st	of filing or mor atutory filing	e than 90 days	optional) after filing.) Po this date wil	urstaint to ( I not be I	605,020 isted a
cord specifies a delayed effect s filed.	tive date, but	not an effec	ctive time, at	12:01 a.m. or	the earlier of	f: (b) The 9	Oth day a	fter the
+ , 11	<u> </u>	<u>, 20</u>	)22.	(T)			RYTTY.	2022 JUL 20
ed July 19							== .	<u> </u>
ted July 19	Signature	xcut.		epresentative o	treed		G.	. 20