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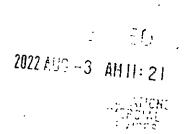
COVER LETTER

	on Section f Corporations		
SUBJECT:	T'MAnine CL	Liability Company	
The enclosed Arti	es of Amendment and fee(s) are submitt	ed for filing.	
Please return all c	rrespondence concerning this matter to the	ne following:	
	Rose	Manine SA:	mplice
	7'Ma 4931 Hie	Name of Person A. Ne Cui Significance Convinons Address Bluch Fl 3 ity/State and Zip Code anine 123 eg anine 123 eg	ne LLC
	994 P. Pe	Address Address	
	West PAIM	Bench . Fl 3	3415
	E-mail address: (to be	anine 123 @g	mail (o.m
For further inform	tion concerning this matter, please call;		
Brian	Sandhas ame of Person	at (SUI) 586. Area Code Daytim	e Telephone Number
Enclosed is a chec	for the following amount:		
□ \$25.00 Filing	See 13 \$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 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



July 19, 2022

ROSEMANINE SAIMPLICE 994 PIPERS CAY DR WEST PALM BEACH, FL 33415

SUBJECT: T' MANINE CUISINE, LLC

Ref. Number: W22000094495

We have received your document for T' MANINE CUISINE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

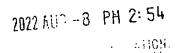
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00016074

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

T' MANINE CUISINE, LLC



7228 CHESAPEAKE CIR

BOYNTON BEACH, FL 33436

561-388-0702

TO WHOM IT MAY CONCERN:

I, ROSE MANINE SAIMPLICE, OWNER OF T' MANINE CUISINE, LLC, AT THE ADDRESS ABOVE, CERTIFY THAT I WOULD LIKE TO REMOVE FROM SUNBIZ DOCUMENT# P20000097465 (T MANINE CUISINE INC) FROM SUNBIZ RECORDS AS IT WAS FILED IN ERROR. I WILL NOT BE REINSTATING THAT DOCUMENT/CORPORATION. THE ONLY ACTIVE BUSINESS NAME WILL BE T' MANINE CUISINE, LLC (DOCUMENT# W22000094495)

ALSO, MOVING FORWARD PLEASE CORRECT MY PHYSICAL AND MAILING ADDRESS TO BE: 4931 AVENUE COMMONS CIRCLE, WEST PALM BEACH, FL 33417. THIS ADDRESS SHOULD BE USED FOR THE T' MANINE CUISINE, LLC, (DOCUMENT# W22000094495)

ANY QUESTIONS CALL 561-388-0702

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SHICERELY

ROSE MANINE SAIMPLICE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

T'MAni	ne. LLC	2022 AUG -8 PM 3: 04
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- liability Company)	TALLAHASSEF, FI
The Articles of Organization for this Limited Liability Company Florida document number <u>レススロロロ オタバイ</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
T' Manine Cui. The new name must be distinguishable and contain the words "Limited Liabil	sine, LLC	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	4931 Avenu	12 COMMONS CV
(Principal office address MUST BE A STREET ADDRESS)		
	West Palm	Beach, F1. 33417
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	NIA	
	Enter Florida street ad	dress
		Florida
	City	Zij) Cođe

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 Address **Type of Action** Title Name _____ Remove ☐ Change □Remove ____ Remove □Add _____ Remove _____ Change □Add □Remove _____ Change _____ __ ___ ___ ___ ___ ___ ___ Add Remove

_____ □Change

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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a filed.	after the
d 5-10- 2022	
Signature of a member or authorized representative of a member	_
Brian Sandhows	

Filing Fee: \$25.00