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DIVISION OF PHIO 48

COVER LETTER

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Registration Section

TO:

Divis	ion of Cor	porations				
		tchens LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub		·		
rease return t	in correspo	notice concerning and marter	to the rolle wing.			
		Rasheem Edward				
		,,	Name of Person			
		Zenbusiness Inc				
			Firm/Company			
		5511 Parkerest Dr. Suite 1	03			
			Address			
		Austin, TX 78731				
			City/State and Zip Code			
		fulfillment@zenbusiness.co	om to be used for future annual report no	tification)		
For further inf	ormation c	oncerning this matter, please c				
Zenbusiness l			844 4936249			
Name of Person		at ()	ne Telephone Number			
Enclosed is a	check for th	ne following amount:				
≡ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ing Addres		Street Address: Registration So	ection		
Registration Section Division of Corporations		Division of Co	orporations			
	. Box 632 ahassee, I	7 FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phoenix Kitchens LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) For new mailing address, if applicable: Illing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	and assigned	
Articles of Organization for this Limited Liability Company were filed on 3/7/2022 and assigned rida document number 1/2000/115743 as amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: included office address MUST BE A STREET ADDRESS) To Service address MUST BE A STREET ADDRESS) It amending address, if applicable: alting address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	01
(Principal office address MUST BE A STREET ADDI	RESS)	25 d
Enter new mailing address, if applicable:		PH I
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	я
	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
AMBR	Zachary Blackwood	1924 Danes Ct. Lakeland, FL 33810	≅Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change :
			Add Car
			P Removed S
			□ Change:
			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
			□Remove
			Change

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			PH	
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te: If the date inserted in	n the date of filing: the must be specific and cannot be prior to this block does not meet the application the Department of State's records.	o date of filing or more than 90 days at ble statutory filing requirements.	otional) fler filing.) Pursuant to 605.0 this date will not be listed	020 d a
ecord specifies a delayed e s filed.	Tective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after	thi
red 9/17	2022			
/s/Ira Van Sou	ders III			
/S/Ira van Sou		ized representative of a member		

Filing Fee: \$25.00