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ALLAHASSEE, FLOS

2022 JUL 22 AM II: 07

A. BUTLER JUL 22 2022



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Bel	Ly Busting K	itchen LLC de Liability Company	
	mendment and fee(s) are subm		
Please return an correspon	Willie Mae	0	
	Belly Bus	Hing Kitchen L	LC
	1428 ML	king BIVD	
	Midway, +	-1 32343 City/State and Zip Code	
	Parker Willie 3 E-mail address: (330 out look. Com	ication)
For further information co	oncerning this matter, please ca	i);	
David W R	Urker Tr Person	at (<u>850</u>) <u>901-</u> Area Code Daytime	4613 Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	(1) \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

2022 JUL 22 AH 11: 15

Belly Busting Kitchen Ld AMII: 15
(Name of the Limited Liability Company as it now appears on our records ALLAHASSEE, FIATE (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Worch 22, 2022 and assigned
Florida document number
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 Company. 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)
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
Gree 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

a 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>	Name	Address	Type of Action
NAGR 4-AABR	Willie Mue Parker	1428 MLKing T3/Vd Midway, f1 32343	Tixád
(10101-		Midway, f1 32343	□Remove
			□Add
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an effe lote: l	ctive 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 6053 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records	020) d as
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after ed.	the
ated _	7/22/2022	
	10 1, 11 1, 1 1 1, a 1 1 1 1 1 1 1 1 1 1 1	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00