

L22000142114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

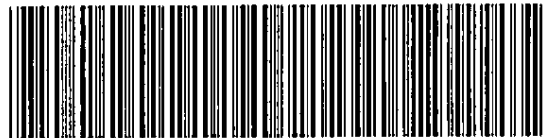
(Business Entity Name)

(Document Number)

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R. HUNT
 04/12/23



THE FRANCHISE & BUSINESS LAW GROUP

ATTORNEYS AND COUNSELORS

222 SOUTH MAIN STREET, STE 500 • SALT LAKE CITY • UTAH 84101

C. Christian Thompson
CTHOMPSON@FBLGLAW.COM

April 4, 2023

VIA FEDEX

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

Re: *Limited Liability Amendment Form*

Florida Division of Corporations.

Enclosed is an amendment form for KJP Orlando VK, LLC. We have included a check in the amount of \$25 to cover the filing fees.

Yours very truly,

THE FRANCHISE & BUSINESS LAW GROUP

/s/Diana Martin
Legal Secretary for C. Christian Thompson

Enclosures
/dm

FILED
2023 APR 12 PM 2:16
CLERK OF STATE
TALLAHASSEE, FL



Phone: (801) 575-5001
Facsimile: (801) 880-7640
www.franchisebusinesslawgroup.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KJP Orlando VK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Christian Thompson

Name of Person

The Franchise & Business Law Group

Firm/Company

222 S. Main Street, Suite 500

Address

Salt Lake City, Utah 84101

City/State and Zip Code

cthompson@fbglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Christian Thompson

801 575-5001

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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JAN 12 PM 2:16
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KJP Orlando VK, LLC

(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 March 23, 2022 and assigned
Florida document number L22000142114.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Premier Mobile Food Solutions, LLC

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

_____, 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 3, 2023

DocuSigned by
Christian Thompson
5834568CE54441 Signature of a member or authorized representative of a member

C. Christian Thompson

Typed or printed name of signee

Filing Fee: \$25.00