

W22CCC147355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

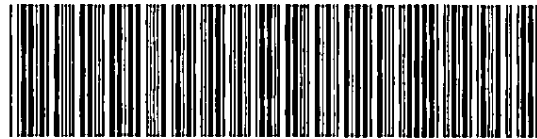
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SECURITY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUISINE CITY CAFE

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:

ANGEL YVETTE MCCLOUD-BRADY

Name of Person

CUISINE CITY CAFE

Firm/Company

1050 S VOLUSIA ST

Address

SAINT AUGUSTINE, FLORIDA 32084

City/State and Zip Code

brady.angel@ymail.com

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

For further information concerning this matter, please call:

ANGEL YVETTE MCCLOUD-BRADY

904
at ()

506-9349

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

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

CUISINE CITY CAFE, 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 03/25/2022 and assigned
Florida document number L22000147388.

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)

1050 S VOLUSIA ST

SAINT AUGUSTINE, FLORIDA 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 S VOLUSIA ST

SAINT AUGUSTINE, FLORIDA 32084

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:

ANGEL Y. MCCLOUD-BRADY

New Registered Office Address:

1050 S VOLUSIA ST

Enter Florida street address

SAINT AUGUSTINE

Florida 32024

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>	<u>Address</u>	<u>Type of Action</u>
RA	EXECUTIVE DRIVE LLC	1860 SW FOUNTAINVIEW BLVD UNIT 100	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BJB MANAGEMENT SOLUTION	1016 MADISON STREET	<input type="checkbox"/> Add
		PALATKA, FL 32177	<input checked="" type="checkbox"/> Remove
		1016 MADISON ST	<input type="checkbox"/> Change
MGRM	BOLTON, BRANDON	PALATKA, FL 32177	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	RHULE, JOYCELYN	1016 MADISON ST	<input type="checkbox"/> Add
		PALATKA, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[This section contains horizontal lines for amendments, which are crossed out with a diagonal line.]

2022 JUL 20 PM 19:48
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF THE STATE OF
NEW YORK

E. 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 July 14, 2022.

Angel Yvette McCloud-Brady
Signature of a member or authorized representative of a member

Angel Yvette McCloud-Brady
Typed or printed name of signer