

L 22000/47 388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

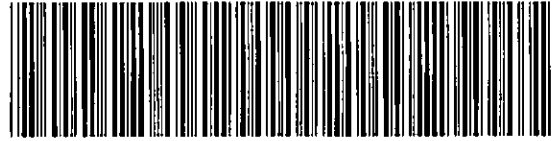
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CLERK OF SUPERIOR COURT
JUDICIAL CIRCUIT IN AND FOR THE 11TH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

LLC
Amend.

09/22/22

Jr

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUISINE CITY CAFE 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:

BRANDON BOLTON

Name of Person

CUISINE CITY CAFE LLC

Firm/Company

1016 MADISON ST

Address

PALATKA, FL 32177

City/State and Zip Code

CUISINECITYCAFE22@GMAIL.COM

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

For further information concerning this matter, please call:

BRANDON BOLTON

954

708-6136

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:

Division of Corporations
P.O. Box 6327

Street Address:

Division of Corporations
The Centre of Tallahassee

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)

1016 MADISON ST
PALATKA, FL 32177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1016 MADISON ST
PALATKA, FL 32177

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SEP 22 PM 4:57
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

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: JOYCELYN RHULE

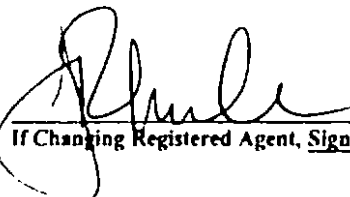
New Registered Office Address: 1016 MADISON ST

Enter Florida street address

PALATKA, Florida 32177
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>
AMBR	BJB MANAGEMENT SOLUTIONS LLC	1016 MADISON ST PALATKA FL 32177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	BRANDON BOLTON	1016 MADISON ST PALATKA FL 32177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOYCELYN RHULE	1016 MADISON ST PALATKA FL 32177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO/FOU	ANGEL MCCLLOUD-BRADY	1050 S. VOLUSIA ST. ST AUGUSTINE FL 32084	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

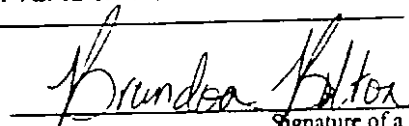
PLEASE NOTE ANGEL MCCLLOUD-BRADY UNAUTHORIZED MODIFIED DOCUMENTS FOR FILING
8/22/2022 ANGEL MCCLLOUD-BRADY IS NOT AFFILIATED WITH CUISINE CITY CAFE LLC IN NO
CAPACITY. ANGEL MCCLLOUD-BRADY IS NOT AUTHORIZE TO REPRESENT, MAKE MODIFICATIONS
NOR IS SHE A MEMBER OF CUISINE CITY CAFE LLC LOCATED AT 1016 MADISON ST PALATKA FL
32177 AS OF JUNE 10, 2022. ~~ATTACHED~~ YOU WILL FIND POLICE REPORT WITH PUTMAN COUNTY
SHERIFF OFFICE REGARDING THIS INCIDENT.

SIGNED BRANDON BOLTON (OWNER/CEO)

E. Effective date, if other than the date of filing: 09/19/2022 **(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 SEPTEMBER 19, 2022



Signature of a member or authorized representative of a member

BRANDON BOLTON

Typed or printed name of signee