## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

S LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLUE RIVER KITCHEN LLC** 

Certificate of Status	0
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Corporate Filing Menu

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T. LEMIEUX AUG 1 2 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue River Kitchen LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L22000207624</u>	lity Company were filed on 05/02/22	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word:	s "Limited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(IDDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi- agent and/or the new registered office address h	stered office address on our records, <u>enter the name</u> sere:	e of the new registered
	;	FA. 28
Name of New Registered Agent:		2022 AUG
New Registered Office Address:		<b>-</b> •
	Enter Florida street address	ILED Sign
-	, Florida	Zin Code
	\$ 113	· 77 , ~~?** · · · · · ·

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.

New Registered Agent's Signature, if changing 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>	Address	Type of Action
MGR	Hector Santos	1514 MARSH WOOD DR	XlAdd
		SEFFNER FL 33584-4850	Remove
			□Change
MGR	Rose Pinero	1514 MARSH WOOD DR	<b>⊠</b> Add
		SEFFNER FL 33584-4850	□Remove
			Change
			□Add
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Effective date, if other than the care offective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	ck does not meet the a	ipplicable statutory i	(option more than 90 days after Tling requirements, thi	onal) r filing.) Pursuant to 605. is date will not be liste	.0207 (. ed as tl
e record specifies a delayed effective rd is filed.	date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b	o) The 90th day after	the
<sub>Dated</sub> August 11	· 2022	2			
	Mary	an Mother			
	ignature of a member or	r authorized represents	tive of a member		

Filing Fee: \$25.00