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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Se Division of Cor		• •
		SERVICE LLC	
SUBJEC	T:	Name of Lim	nited Liability Company
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.
Please ret	urn all correspo	ndence concerning this matter	to the following:
		JOSEPH GOPIN	
			Name of Person
		KC FOODSERVICE LLC	•
			Firm/Company
		5650 STIRLING RD, SUI	TE 24
			Address
		HOLLYWOOD, FL 3302	1
			City/State and Zip Code
		joe@koshercentral.com	to be used for future annual report notification)
For furthe	r information co	oncerning this matter, please co	
JOSEPH	GOPIN		917 860-8839 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	e following amount:	
≡ \$ 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certificate of Status & Certified Copy (additional copy is enclosed)
 	Mailing Address Registration S Division of Co P.O. Box 632 Fallahassee, F	ection orporations 7	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 AUG 1 1 PM 12: 59

KC FOODSERVICE LLC		SECTION OF ST.
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	TALE AHASSEE, FL
The Articles of Organization for this Limited Liability C Florida document number <u>L22000215819</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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.

City

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>	Type of Action
MBR	JOSEPH GOPIN	5650 STIRLING RD	
		HOLLYWOOD, FL 33021	≣Remove
MBR	SARAH GOPIN	5650 STIRLING RD	
		HOLLYWOOD, FL 33021	≅Remove
			Change
MGR	JOSEPH GOPIN	5650 STIRLING RD	
		HOLLYWOOD, FL 33021	
			Change
MGR	SARAH GOPIN	5650 STIRLING RD	= Add
		HOLLYWOOD, FL 33021	□Remove
			□Change
			Remove
			Change
			□Remove
			□Change

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ecord spe is filed.	cifies a delayed e	effective date, but	i not an effec	tive time, at 12	2:01 a.m. on th	ne earlier of: (b) The 90th day	y after the
is fired.	Λ .	+ >	20	<u> 22</u>				
	Augus		/	r authorized rep				

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Filing Fee: \$25.00