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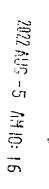
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Cans Silv

COVER LETTER

TO: Registration Section

Division of Corpo	rations		
SUBJECT:	Ki'Marley's Jane of Limit	maitan CusiNe L	LC-
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	<u>Kimber</u>	J Name of Person	
	_ Ki'Meil	y's Jamuican C	usineLLC
	332 Bluet	ish Dr. Apt 1	<u>-</u>
	Fort Walton	Beach, Florida City/State and Zip Code	32548
	E-mail address: (t	OF W GMAIL . LOT o be used for future annual report noti	fication)
For further information co	ocerning this matter, please ca	n11:	
Kimberli Name of	Hurge-	at (<u>\&50</u>)	e Telephone Number
Enclosed is a check for the	following amount:		
∠ \$25.00 Filing Fee	S30.00 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 S Division of Co P.O. Box 6323	ection orporations 7	Street Address: Registration Se Division of Co: The Centre of	rporations
Tallahassee, F	レ 34314	ZMIJ IN. MIDIIIC	outeer, builte of o

Tallahassee, FL 32303

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

(Name of the Limited Liability Company (A Florida Limited Liability Company)	A i CAN (U) Si y as it now appears on our reco ibility Company)	nellc ords.)
The Articles of Organization for this Limited Liability Company w	مر ام	0 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Kym's Jerk LLC	a value of M	LCD at 111 and 11 CO
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:	y Company, the designation "L	.LC or the abbreviation "L.L.C.
(Principal office address MUST BE A STREET ADDRESS)		2022
Enter new mailing address, if applicable:	NIA	ALG -5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>ent</u>	ter the name of the new registere
Name of New Registered Agent:	i/A	
New Registered Office Address:	NJA Enter Florida street add	lress
	NIA.	Florida N/A
New Registered Agent's Signature, if changing Registered Agent:	City	Zip €ode

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 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 Type of Action Address Title Name NIA NIA _____ □Remove NIA _____ □Remove

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