

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Car Letter

Emmeline Lazarre

Return address:

425 SW Violet Ave

PSL, Fl 34983

Phone: (Se1) 951-4065

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| 61' | S Kitchen LLC | | |
| SUBJECT: <u>U</u> | Name of Lim | uted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | Emmeline | Lazarac Name of Person | |
| | | Name of Person | |
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| | • | Fum/Company | |
| | 420 01 | Jak A a | |
| | 7&5 3 W | Violet Ave | |
| | a., | -10.4 | |
| | <u> 13L, Fl</u> | 34983 | |
| | مدارات بادهم | tecinal and to m | |
| | E-mail address: (| 34983 City State and Zip Code HE/ing@gmail. Com to be used to Juture annual report notif | ication) |
| For further information co | oncerning this matter, please co | | • |
| | | = () | |
| Emmeline (| A26(CC Person | at <u>(501) </u> | Telephone Number |
| | | | • |
| Constant of Early about the th | <i>(</i> . 1) | | |
| finclosed is a check for th | _ | | |
| \$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) | (additional copy is enclosed) |
| | | (%) | |
| Mailing Address: Registration Section | | <u>Street Address:</u> Registration Sec | ction |
| Division of Co | rporations | Division of Corp | oorations |
| P.O. Box 6321 | 7 | The Centre of T | allahassee |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| El's Kitche | 1 LLC | |
|--|---|--------------|
| | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number <u>L22000485</u> 87 | Company were filed on 11/14/2022 and a 5 | assigned |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the little Grit Bowls Catering LLC. The new name must be distinguishable and companie the words "I | mited liability company here: amited Liability Company," the designation "L.L.C." or the abbreviation ' | ·I.dC*** |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD. | DRESS) | |
| Enter new mailing address, if applicable: | EASSET PR | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | 2: 06 S JAIE | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here | red office address on our records, <u>enter the name of the n</u> E | ew registero |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| Non-Donistonad Court's Circustonas if abandon Donisto | City Zip Cods | ι', |

<u>New Registered Agent's Signature, it changing Registered Agent:</u>

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|----------------|-------------------------|----------------|
| MGR | Myesha Berry | 6917 Willow Creek Run | Add |
| | U D | Lake Worth, F1 334163 | □Remove |
| | | | ClChange |
| MGR | michael Joseph | 425 SW Violet Ave | ,DAdd |
| | | Port St. Lucie F1 34983 | : IRenave |
| | | | TChange |
| | | | 12Add |
| | | | J.Remove |
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| | ding any other information, enter change(s) here: (Attach additional sheets, (f necessary.) |
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| (If an effec <u>Note:</u> If | e date, if other than the date of filing: 3/14/23 (optional) ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it is effective date on the Department of State's records. |
| ne record ord is filed | 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 |
| Dated | March 14 2023 |
| | Signature of a member or authorized representative of a member |
| | Emmeline Gazarre |