L22 000 515 720

(Requestor's Name)
(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:

Office Use Only



800403180188

03/05/23--01009--027 **25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
elin irzer.	KUKU KANES ISLAN	ND EATS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		JAMES D JOHNSON	
		Name of Person	
	KU	KU KANES ISLAND EATS LLC	
		Firm/Company	
KUKU KANES ISLAND EATS LLC			
·		Address	
		DESTIN, FL 32541	;
		City/State and Zip Code	
	OLC	GANATOR_2005@YAHOO.COM	
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please c	att:	· · · · · · · · · · · · · · · · · · ·
JAMES D JOHNSON		850 830-1972 at ()	
Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6327	7	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ES ISLAND EATS LLC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.22000515720}{1.0000515720}$	Company were filed on 12/08/2022	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
		-
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		1
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 t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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>	Address	Type of Action
MGR	HARRIS, OLGA Y	306 BRIARWOOD CIRCLE, FT WALTON BEACE	l. □Add
			_ ≡ Remove
			□Change
			_ □Add
			_ □Remove
			□Change
		· · ·	! □Add
	•	· · · · · · · · · · · · · · · · · · ·	_ Remove
			⊡Add
			□Remove
			🗆 Change
	·		_ □Add
			_ □Remove
			□Change
			□Add
			□Remove
			□(barrer

. . . .

-					
					
					-
					
	<u></u>				
					
				<u> </u>	
			·	<u> </u>	
					•
				10	
					
		01/01/2022			
ctive date, if other th	han the date of filin	g:	of filing or more than 90 da	(optional)	uant to 605 f
e: If the date inserted in	in this block does not r	neet the applicable sta	stutory filing requiremen	its, this date will i	not be listed
ument's effective date c	on the Department of S	State's records.			
		- (1) - (1) - (1)	12-01 mas an els amelia	antida. Tha aa	h day aftar
filed.		can enective ame, at	12:01 a.m. on the earlie	(t), (t) The 20t	n day anci
ed 3/1/23					
$_{\rm cd}$ $3/1/23$	>				
	1 /				