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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KUKU KANES ISLAND EATS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES D JOHNSON

Name of Person

KUKU KANES ISLAND EATS LLC

Firm/Company

309 STAHLMAN AVE

Address

DESTIN, FL 32541

City/State and Zip Code

OLGANATOR_2005@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES D JOHNSON

850 830-1972
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$50.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HARRIS, OLGA Y	306 BRIARWOOD CIRCLE, FT WALTON BEACH,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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1. *What is the main purpose of the study?*
 2. *What are the research objectives?*
 3. *What is the research methodology?*
 4. *What are the results of the study?*
 5. *What are the conclusions of the study?*
 6. *What are the limitations of the study?*
 7. *What are the future research directions?*
 8. *What are the contributions of the study?*
 9. *What are the implications of the study?*
 10. *What are the key findings of the study?*

(If an effective 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 (3)(b)

Dated

3/1/23

James D. Johnson

Typed or printed name of signee