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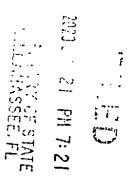
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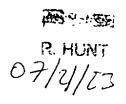
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			•	
	Egyptian Food LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Heba Bassous			
		Name of Person		
		Firm/Company		T(A)
	3336 Red Ash Cir.		:	
	Oviedo, FL 32766	Address		<u> </u>
		City/State and Zip Code		PH 7:2
	ehab_azer@yahoo.com E-mail address: (to be used for future annual report not	Figure 1975	: 21
For further information c	oncerning this matter, please c	call:		
Heba Bassous		407 517-8627 at ()		_
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$6 Certified Copy (additional copy is	tatus &
Mailing Address Registration S		Street Address: Registration Se	ction	
Division of C	orporations	Division of Cor	rporations	
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	Callahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cleopatra Egyptian Food LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears on o imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{2/8/2023}{1}$	· · · · · · · · · · · · · · · · · · ·	and assigned
Florida document number 1.23000070766			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Baraka's Kitchen, LLC			
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	<u>N/A</u>		
Principal office address MUST BE A STREET ADDRE.	.S.S)	··-	
			2 : "
		S C C	PA
Enter new mailing address, if applicable:		H S	ب ب
Mailing address MAY BE A POST OFFICE BOX)			21
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of Naw Posistered Agents N/A	office address on our record	ls, <u>enter the name of</u>	the new re
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	vet address	
		Florida	
	City	Z	ip 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 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
	N/A		□Add
			□Remove
			
			□Add
			□ Remove
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ective date, if other than effective date is listed, the date	the date of filing: e must be specific and cannot be prior to date of fi	iling or more than 90 days after fil	al) ino.\Po	rsuant to	.605 O
e: If the date inserted in th	is block does not meet the applicable statut	tory filing requirements, this d	ate wil	l not be	listed
ument's effective date on th	he Department of State's records.				
cord specifies a delayed effe	ective date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90	th day	after t
s filed.					
July 5	2023				
~~ <u></u>	·				
	1 100				
	Signature of a member or authorized repre	esentative of a member			-

Filing Fee: \$25.00