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## COVER LETTER .

Division of Cor			
Crescent Consultation	ity Cuisine LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gertrude J Chapman		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Crescent City Cuisine LLC	2	
		Firm/Company	
	1317 Edgewater Drive #70	080	1
		Address	····
	Orlando, FL 32804		
		City/State and Zip Code	
	CrescentCityCuisineLLC@		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Gertrude J Chapman		321 960-9647	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 14, 2023	and assigned
Florida document number L23000082326		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
<del>-</del>		المخ
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1317 Edgewater Dr. #7080	
	Orlando, FL 32804	· •
		, ,
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	1317 Edgewater Dr. #7080	
	Orlando, FL 32804	
R If amonding the registered agent and/or registered office	address on our records enter the	name of the new registe
	address on our records, enter the	name of the new registe
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address	
agent and/or the new registered office address here:  Name of New Registered Agent:		
	Enter Florida street address, Florid City	aa

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gertrude J Chapman	1317 Edgewater Dr. #7080	□Add
		Orlando, FL 32804	□Remove
			■Change
AMBR Kevin A C	Kevin A Chapman	1317 Edgewater Dr. #7080	■Add
		Orlando, FL 32804	□ Remove
		-	□Change
AMBR	Bryan M. Chapman	1317 Edgewater Dr. #7080	~?. <u></u> <b>≣</b> Add
		Orlando, FL 32804	! □Remove
			□Change
			1 i F □ Add
			□Remove
		□Change	
			□Add
		Remove	
			Change
			□Add
			□Remove
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fective date, if other than the one offective date is listed, the date must	be specific and cannot be prior to date of filin	(optional) g or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this blo becument's effective date on the De	ck does not meet the applicable statutory	y filing requirements, this date will not be listed
reament's effective date on the De	partition of state 8 records.	
ward empifies a delayed effective	date, but not an effective time, at 12-01.	a.m. on the earlier of: (b) The 90th day after th
is filed.	due, but not an effective time, at 12.01	a.m. on the earner on (b) The your day after a
August 2	. 2023	
ited		
	Signature/of a member or authorized represer	

Filing Fee: \$25.00