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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Yum Yums Kitchen
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:
Angela Walden Name of Person
Yum Yung Kitchen Firm/Company
200 2nd Ave S# 746
St. Pete FL 3370/ City/State and Zip Code Stay Stock 1 Ogwall. Com /E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Argela Walden at 727, 709-3391 Name of Person at 727, Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_2 3000 9644 \)	were filed on $02/22/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab. Wing With It LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1010 EAS-F 2ACK ST 110-2148 Tampa, FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 2nd Ave 5 # 746 5t. pete F.L 33701
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	

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.

Cin

Enter Florida street address

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

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an effecti ote: If t	date, if other than the date of filing:	.0207 ed as
is filed.		the
ited	3rd October 2023. Augela Wald Signature of a member or authorized representative of a member	
	Augela Walch— Signature of a member or authorized representative of a member	
	and the state of t	