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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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R. HUNT 03/28/23

COVER LETTER

TO:

Registration Section

| Division of C | Corporations | | | |
|--------------------------|---|---|--|---------|
| | HEL'S KITCHEN CATERING | LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | RACHEL WASHINGTO | N | | |
| | | Name of Person | · | |
| | RACHEL'S KITCHEN C | ATERING, LLC | | |
| | | Firm/Company | | |
| | 22201 SW 115TH COU | RT | .5 | ; ; |
| | | Address | | ; > |
| | MIAMI, FLORIDA 331 | 70 | 14 22 39 H | 2 |
| | | City/State and Zip Code | |) .a |
| | YAHAIRA@TFCMIA | | , , , , , | ń |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information | on concerning this matter, please of | call: | | |
| RACHEL WASHE | NGTON | 786 334-9031 | | |
| Nan | ne of Person | | ne Telephone Number | |
| m , , | | | | |
| | or the following amount: | | | |
| S25.00 Filing Fee | e S30.00 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 Add | | Street Address: | | |
| Registration | | Registration Se | | |
| Division o P.O. Box (| of Corporations | Division of Co The Centre of | | |
| | ee, FL 32314 | | be Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ame of the Limited Liabi (A.F. orida Li | s on simited Liability Company) | our records. | |
|---|-----------------------------------|---------------------------|---|
| The Articles of Organization for this Limited Liability Con | npany were filed on | 02/17/2023 | _ and assigned |
| Florida document number <u>1.23000107606</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | | |
| RACHEL'S KITCHEN CATERING, LLC | | | ~; |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company." the design | nation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | ÷ . |
| (Principal office address MUST BE A STREET ADDRE | <u>ESS)</u> | : | ω . · · · · · · · · · · · · · · · · · · |
| | | <u>in</u> ('' | 72 |
| Enter new mailing address, if applicable: | | | : 25 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our reco | rds, enter the name | of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida : | street address | |
| | | Florida | |
| | Cin | | 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 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> | Name | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| ective date, if other than the | date of filing: | (optional) | |
| | be specific and cannot be prior to date of fili ick does not meet the applicable statuto | | |
| ument's effective date on the De | partment of State's records. | | |
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| cord specifies a delayed effective if filed. | date, but not an effective time, at 12:0 | I a.m. on the earlier of: (b) The | Hith day after th |
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| ed MARCH 17 Rachel | Signature of a member or authorized representation | entative of a member | |