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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MA	.iL
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(Document Number)	
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Office Use Only

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COVER LETTER

Division of Co	rporations		•
SUBJECT: MCS	KITCHEN Y	RENOUCTIONS nited Liability Company	LLC
	Amendment and fee(s) are sul	_	
Please return all correspo	ondence concerning this matter	r to the following:	
	Mari	G Caydona Name of Person	<u>1</u>
	Mcs Ki	HChen Renc	ouctions
	5028 (Chiquita Blu Address	16 #201
	Cape co	YGI FL 339 City/State and Zip Code	14
		novations @ an	
For further information co	oncerning this matter, please ca	all:	
Mayic Co	1 V C O 1 / G Person	at (786) 468 Area Code Daytin	- 0778 ne Telephone Number
Enclosed is a check for the	e 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)

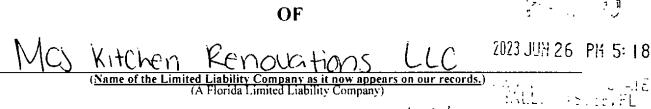
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300125171.	were filed on $3/10/23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5028 Chiquita Blud
(Principal office address MUST BE A STREET ADDRESS)	#201
	Cape Coral FL 33914
Enter new mailing address, if applicable:	5028 Chiquita Blud
(Mailing address MAY BE A POST OFFICE BOX)	#201 Cape (0/6) FL 33411
	Cape coral FL 33910
R. If amonding the registered agent and/or registered office	address on our records enter the name of the new registers

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria Cardona 5028 Chiquita

New Registered Office Address:

Enter Florida street address

13/1/2 # 20

Cape Coral

_, Florida

350114

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 Changing Registered Agent, Signature of New Registered Agent

If amending A—thorized 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

Title Name **Address** Type of Action Maria Cardona 5028 Chiquita Blud LAdd Cape Coral FL 33914 Remove _____ □Change _____ □Change _____ □Change _____ □ Remove _____ □Change ______ 🗀 Add _____ □Add

_____ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effe <u>te:</u> I	ve date, if other than the date of filing:
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed <u>(</u>	5/22/23
	the state of the s
	Signature of a member or authorized representative of a member
	Maria Cardona Typed or printed name of signee