# L23000151118

Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
NEVILLES	S KITCHEN LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	, in the second			
	C	2			
	MARLA COPELAND ESTY				
	Name of Person				
	ADVANCED BUSINESS CONNECTIONS LLC dba Easy Tax				
	Firm/Company				
	P O BOX 2066				
		Address	<del> </del>		
	HIGH SPRINGS FL 3265.				
		City/State and Zip Code	•		
	EASYTAX@WINDSTRE/	AM.NET to be used for future annual report noti	lication		
For further information c	oncerning this matter, please of		Treation,		
MARLA COPELAND ESTY		386 454-8959			
Name of Person		at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	<u>s:</u>	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



### NEVILLE'S KITCHEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{03/24/20}{1}$	and assigned	
Florida document number L23000151178	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
NEVILLE'S KITCHEN ON WHEELS LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if application	able:	NEVILLE'S KITCHEN ON WHEELS LLC		
(Principal office address MUST BE A STREE		23167 NW 180TH PLACE		
Transpar office address stoot DE TOTREET TOP NEISO		HIGH SPRINGS FL 32643		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		NEVILLE'S KITCHEN ON WHEELS LLC		
		23167 NW 180TH PLACE		
	<u></u>	HIGH SPRINGS FL 32643		
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:			is, <u>enter the name of the new registered</u>	
N - D - interest Office Address	23167 NW 180	TH PLACE		
New Registered Office Address:	Enter Florida street address			
	HIGH SPRINC	i	, Florida 32643	
		Cüy	Zip Code	
New Registered Agent's Signature, if changing B	legistered 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 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>	<u>Address</u>	Type of Action
AMBR	NEVILLE A DHUE	23167 NW 180TH PLACE	■Add
		HIGH SPRINGS FL 32643	
			□Change
			□Add
			□Remove
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<del></del>			□Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_\_\_ 2024 Signature of a member or authorized representative of a member NEVILLE A DRUE Typed or printed name of signee

Filing Fee: \$25.00