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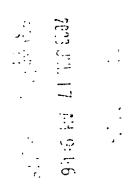
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COVER LETTER

Registration Section

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	inary Ad	Jentures ited Liability Company		
	Vame of Lim	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	David F	Name of Person		
	Culinary	Adventures Firm/Company		
	212 Light	-house Circle	2	ZE?
		City/State and Zip Code	32034	
_	Markfuller E-mail address: (1	KCZMe.COM	otification)	
For further information conce				्र स
Day'd Ful Name of Per	son	at (Area Code) Le(c	5 2711 time Telephone Number	
Enclosed is a check for the fo	llowing amount:			
∑ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	le of Status &
Mailing Address: Registration Sec Division of Corp		Street Address: Registration S Division of C	Section	
P.O. Box 6327	OTHER VIEW	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

California Adres		
/Same of the Limited Liability Compan / A Florida Limited Li	y as it now appears on our re- ability Company)	gords.)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{2003286193917}{2000000000000000000000000000000000000$	were filed on $\frac{\mathcal{G}(f)_{f\in\mathcal{F}}}{\mathcal{G}(f)_{f\in\mathcal{F}}}$	/2 s and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		Til my
(Mailing address MAY BE A POST OFFICE BOX)		
		÷, 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>c</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strevt	address
		. Florida
	City	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

Thereby 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>	<u>Name</u>	Address	Type of Action
MGR	Desid Wark Fuller	7-17 Lathonse Circle Fernandina Boach, FL 30634	(VAdd
			Remove
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			□Remove
			☐ Change ☐ Add
			☐Remove
			⊡^Add
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