## L23 0000 2W471

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## **COVER LETTER**

Tallahassee, FL 32314

			•
SUBJECT:	Name of Limited Liability Com	npany	
The enclosed Articles of F	Amendment and fee(s) are submitted for filing.		
Please return all correspor	ndence concerning this matter to the following:	:	
	Anne Cesan Name of Pe	erson	
Division of Corporations  SUBJECT:			
	23/1 NW 3277	enroee	73 GS 
	Consideration City/State and 7	Kas FL 323	© 2/1_
	Cem Choloz Cy E-mail address: (to be used for futur	Echion Come annual report notification)	_
For further information co	ncerning this matter, please call:		
MiNWE M		ode Daytime Telephone Nu	ımber
Enclosed is a check for the	: following amount:		
■ \$25,00 Filing Fee	Certificate of Status Certified (	Copy Cert opy is enclosed) Cert	ificate of Status & ified Copy
	rection R	itreet 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

Homi- hitchen	LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $123000210471$	were filed on $4 - 28 - 23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	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)	23/11/W/SZATENRE Ex Scriderstale Sakes FL 333/1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23/1/1/W 38th Tenzo. Ce Swistenstile Sixis FL 333/1
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: ANNE	em. Cesar
New Registered Office Address: 23/10/	Enter Florida speci address
Linel	enstale Larox, Florida 333// City Zip Colle

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 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
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Tective date, if other to meffective date is listed, the ote: If the date inserted ocument's effective date	date must be specific and in this block does not r	I cannot be prior to date neet the applicable s	of filing or more than statutory filing require	(optional) 0 days after filing.) Purments, this date wil	rsuant to 605.0207 I not be listed as
record specifies a delayed is filed.	l effective date, but not	an effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90	Ith day after the
$1100 \frac{5-2-2}{5}$	3				
Hma	Signature of a r	nember or authorized i	representative of a mem	her	

Filing Fee: \$25.00