## L 2300 412539

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

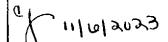




100417782091

10/31/23--01042--002 \*\*25.00

2023 0 T 3 I PH 6: 04



## **COVER LETTER**

Registration Section Division of Corporations

TO:

| , FLORIDA SUBJECT:   | KITCHEN PROS LLC                             |  |   |  |  |  |
|--|--|--|---|--|--|--|
| SUBJECT.   | Name of Lin                                  | nited Liability Company  |   |  |  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | omitted for filing.  |   |  |  |  |
| Please return all correspo   | ondence concerning this matter               | to the following:  |   |  |  |  |
|  | HUNTER WILLIAMS                              |  |   |  |  |  |
|  | •  | Name of Person   |   |  |  |  |
|  | FLORIDA KITCHEN PR                           | OS LLC   |   |  |  |  |
|  |  | Firm/Company   |   |  |  |  |
|  | 14821 10TH STREET                            |  |   |  |  |  |
| e ·  | Address                                      |  |   |  |  |  |
| DADE CITY, FLORIDA 33523   |  |  |   |  |  |  |
|  |  | City/State and Zip Code  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|  | FRANKG@FLORIDAKIT                            |  | ·   |  |  |  |
|  | E-mail address: (                            | to be used for future annual report no   | tification)   |  |  |  |
| For Airther information c  | oncerning this matter, please c              | all:   |   |  |  |  |
| MUNTER WILLIAMS  |  | 727 5071735<br>at ( )  |   |  |  |  |
| Name o   | f Person                                     | Area Code Daytii   | me Telephone Number   |  |  |  |
| Enclosed is a check for the  | he following amount:                         |  |   |  |  |  |
|  | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                                | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| Mailing Address Registration S Division of C P.O. Box 632 Tailahassee, I | Section<br>Corporations<br>17                | Street Address:<br>Registration So<br>Division of Co<br>The Centre of<br>2415 N. Monro<br>Tallahassee, F | orporations<br>Tallahussee<br>oc Street, Suite 810  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA KITCHEN PROS LLC

2023 GOT 31 PH 6: 04

(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 Liability Company were filed on  $\frac{09/05/2023}{}$ and assigned Florida document nuar-ber L23000412539 This amendment is submitted to amend the following: A. If amending varie, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 14821 10TH STREET DADE CITY, FLORIDA 33523 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 14821 10TH STREET DADE CITY, FLORIDA 33523 Enter new milling address, if applicable: (Mailing addits: MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and to the new registered office address here: Vane of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registred Agent's Signature, if changing Registered Agent:

I hereby acept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability companys, 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 |
|--------------|--------------------|---------------------------------------|----------------|
| MGR          | FOTIOS GEIVELIS JR | 14821 10TH STREET DADE CITY, FL 33523 | ■Add           |
|              |                    |                                       | Remove         |
|              | <i>S</i><br>!      |                                       | 🗆 Change       |
| MGR          | CHERYL L FARINELLA | PO BOX 35 MOUNT BETHEL PA 18343       | <b>≣</b> Add   |
|              | ·                  |                                       | □Remove        |
|              | · ·                |                                       | □Change        |
| <del></del>  |                    |                                       | □Add           |
|              |                    |                                       | □Remove        |
|              |                    |                                       | □Change        |
|              |                    |                                       | □Add           |
|              |                    |                                       | □Remove        |
|              |                    |                                       | □Change        |
|              |                    |                                       | □Add           |
|              |                    |                                       | □Remove        |
|              |                    |                                       | □ Change       |
|              |                    |                                       | □Add           |
|              |                    |                                       | □Remove        |
|              |                    |                                       | □ Change       |

|  |   |                        | -                          | -                         |
|--|---|------------------------|----------------------------|---------------------------|
|  |   |                        |                            |                           |
| · · · · · · · · · · · · · · · · · · ·  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
| <del>-</del>   |   |                        |                            |                           |
|  |   | <del></del>            |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
|  |   |                        |                            |                           |
| Tective date, if other than the in effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De | be specific and cannot lock does not meet the | applicable statutory   | or more than 90 days after |                           |
| ecord specifies a delayed effective<br>is filed.   | date, but not an effe                         | ctive time, at 12:01 a | .m. on the earlier of: (   | b) The 90th day after the |
| OCTOBER 29   | 2023  |                        |                            |                           |
|  |   | <u> </u>               |                            |                           |
| / /.   | 1/1//   | ·                      |                            | -                         |

Filing Fee: \$25.00

Typed or printed name of signee