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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Christies Litchen LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christie Torres Name of Person
Christie's Kitchen LLC Firm/Company
114 nw 6th Street Address
Boynton Beach, FL 33426 City/State and Zip Code Christies hitchen 2023 @ Gmail. com E-mail address: (to be used for future annual report notification)
Christies hitchen 2023 @ Gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christie Torres at (561) 255-3041 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>17300431416</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	LED BY 1:1
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	Christie Torres 114 NW 6th Street Boynton Beach, FL 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Christie Torres 114 NW 6th Street Boynton Beach, FL 33426
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
· · · · · · · · · · · · · · · · · · ·	Stie Torres 1W 6th Street Enter Florida street address
	Fon Beach , Florida 33426 City Zip Code

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
			🗀 Add
			□Remove
			□Change
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(If an e Note:	tive date, if other than the date of filing:
he reco	rd 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 iled.
Dated	January 27th. 2024.
	Signature of a member or authorized representative of a member
	Christie Torres Typed or printed name of signee

Filing Fee: \$25.00