## L73000 55S 838

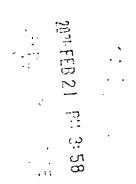
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## COVER LETTER ,

TO: Registration Section Division of Corporations	<b>*</b>
SUBJECT: Cajun Soul Bistro and Bar 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:	
Kenya R. Dails Name of Person	
Cajun Soul Birtro and Bur ILC Firm/Company	ZECT FEB 21
333 Kung Street	321
Cocoa FL 32922  City/State and Zip Code	ယူ ဟု
E-mail address: (to be used for future authual report notification)	.•
For further information concerning this matter, please call:	
Name of Person at (407) 310-1852  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (	of Status &
Mailing Address:  Registration Section  Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Cajun Soul Bistr	to and Bar L	LC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our ability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 12/13	7/2023 and assigned
Florida document number <u>L23000</u> 55838.		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		بي - <u>- اتا</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, g	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
ties registered errice readiess.	Enter Florida street	uddress
		Florida
New Designation of Assert Street	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		, , , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

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
MGR	Larre Primeaux	333 King Street	□Add
		Cour FL 32922	Remove
			□Change
		· · ·	□Add ☐Remove
			Remove
		<del></del>	Change
	<del></del>		دن Add، ص
			□Remove
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			- Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the apartment's effective date on the Department of State's recomment.	prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 pplicable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	The form day after t
ed 2113/24	
76.71	authorized representative of a member

Filing Fee: \$25.00