## L24000132078

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





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PILED
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## **COVER LETTER**

TO: Registrati Division	ion Section of Corporations	
SUBJECT:	Orling'S Kitchen LLC  Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Carline Cemoin Name of Person	
	Firm/Company	
	1540 SW 8th St Sout 1061	
	BoyMon beach, FL 33496 Chy/State and Zip Code	
	Ange ine 13/946 by Vanco-Com  E-mail address: (to be used for future annual report notification)	
For further information	ion concerning this matter, please call:	
Carl	me of Person at (56) 201-1767 Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
☐ \$25.00 Filing Fe	Solution Filing Fee & Solution Status Solution Status Solution Status Solution Status Solution Status Solution	tatus &

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



November 8, 2024

CARLINE CEMOIN 1540 SW 8TH STREET SUITE 1601 BOYNTON BEACH, FL 33426

SUBJECT: CARLINE'S KITCHEN LLC

Ref. Number: L24000132078

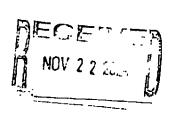
We have received your document for CARLINE'S KITCHEN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Amendment was missing the required signature page. I have enclosed the form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 324A00024619

Neysa Culligan Regulatory Specialist III



## ARTICLES OF AMENDMENT . **TO** ARTICLES OF ORGANIZATION **OF**

Carline's Kitche	n LLC			
(Name of the Limited Liab (A Flori	ility Company as it now app da Limited Liability Company	ears on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	03/18/202	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	e designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			<u>~</u>	
(Principal office address MUST BE A STREET ADD	ORESS)	<u></u>	024	
	<del></del> -		NOV 22	
			22	
Enter new mailing address, if applicable:			F. 2	[1] 
(Mailing address MAY BE A POST OFFICE BOX)			F (C)	
			32 Alb	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our	records, <u>enter the</u> na	me of the nev	v registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	·		
New Registered Office Address:				
	Enter F	lorida street address		<del></del>
		, Florida _		
New Year and Green and Green	City		Zip Code	_
New Registered Agent's Signature, if changing Register	ed 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 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>	Name	Address	Type of Action
MGh	Marc Cemoin	8500 Elaine ar	□Add
		Boynton beach, FL 3347	Remove
		<del></del>	□Change
MGR	Carline Cemoin	4500 Elaine Br	□Add
		Boynton beach, pl 3347.	□Remove
			Change
	<del></del>		□Add
			□Remove
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					<del>-</del>	
Effective date, if o	other than the date	of filing:			_ (optional)	
	serted in this block o	loes not meet the	applicable statutor	ng or more than 90 d ry-filing requireme	ays after filing.) Pur ents, this date will	rsuant to 605.020 not be listed a
document's effectiv	re date on the Depart	ment of State's re	cords.			
he record specifies a	delayed effective dat	e, but not an effe	ctive time, at 12:0	I a.m. on the earlie	er of: (b) The 90	th day after the
ord is filed.						
Dated						
			 `			
		. A L	/			
	Sign	ature of a member	or authorized represe	entative of a member	Γ	<del></del>

Filing Fee: \$25.00