## 124000149090

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## **COVER LETTER**

	rporations		
Kitchen 22 SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	Ginny Castle		
		Name of Person	
	Kitchen 22 LLC		
	<del></del>	Firm/Company	
	736 West Lake Wales Rd	S	
		Address	<del></del>
	Lake Wales FL33859		
		City/State and Zip Code	
	kitchen22@myyahoo.com	to be used for future annual report not	fication)
For further information	concerning this matter, please c	·	
Ginny Castle		863 8550630	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.0() Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 [35]
Tallahassee, FL 32303

2024 AUG 26 AH II: 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kitchen 22 LLC (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 03/27/2024 \_\_\_\_ and assigned Florida document number <u>L24000149090</u> This amendment is submitted to amend the following: A. If amending name, 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address 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/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## 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 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	Ginny Castle	736 West Lake Wales Rd S	
		Lake Wales, FL 3359	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Add
			□Remove
			□ Change
			Add SEC DRemove T
			SECOLOR TO THE SHARE SHA

ii anie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lf an effe <u>Note:</u>	the date, if other than the date of filing:	d as the
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Dated _	manstal 2024 Contte	AM 11: 27