# L24000150346

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	-
	NOV	HORNE 1 204





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10/31/24--01027--008 \*\*25.00



# **COVER LETTER**

Division of Corporations
SUBJECT: Caldonia's Kitchen #2 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:
Tyrone Jackson
Name of Person
Firm/Company
2453 Bel Arr Urde
HSSIMMEE FL 34743 Chr/State and Zip Code
Caldonias Kitchen 209 mail. com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brittany Dension at 401 791-3246  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30,00 Filing Fee &\Bigcup \$55,00 Filing Fee &\Bigcup \$60,00 Filing Fee. Certificate of Status &\Bigcup Certificate of Status &\Bigcup Certificate of Status &\Bigcup Certificate of Status &\Bigcup Certificate Opy (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**

2024 On FILED

Caldonia's Kitchen	#240	.0073	1 AN 11: 0
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)	53.50
The Articles of Organization for this Limited Liability Company	were filed on 31	28/2024	and assigned
Florida document number <u>L24000150340</u>		, <b>,</b>	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the nam</u>	e of the new registered
remaind the new registered since than 650 here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	Zip Code
	City		лр Соае
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Marie L. Davis	7068 ST. IVES CT	□Add
		Jacksonville, FL 32246	Remove
			□Change
MGR	Tyrone R. Jackson JR	2483 Bel Air Circle	<del>J</del> Add
		Lissimmee, FL 34743	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	<del></del>		□ Add
			Петюve
			□Add
			□Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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f an effi Note:	ve date, if other than the date of filing:
record d is fil	d 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 ed.
Dated ;	October 29, 2024
	Signature of a member or authorized representative of a member
	Tyrone R. Jackson Typed or printed name of signee

Filing Fee: \$25.00