124000234309

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		OUTDOOR KITCHEN EXPE	RIENCE LLC	
SUBJEC	U1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Gichel Meneses de los Rio	s	
			Name of Person	
		G.M THE OUTDOOR KI	TCHEN EXPERIENCE LLC	
			Firm/Company	
		8240 Tolles DR		
			Address	-
		North Fort Myers, FL 339	17	
			City/State and Zip Code	
		gichelmeneses@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
Gichel N	Meneses de los R	ios	239 628-0584 at ()	
	Name o	f Person		e Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ction
	Registration S Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	-
	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 J. 22 11111115

G.M THE OUTDOOR KITCHEN EXPERIENCE LLC

company has been notified in writing of this change.

(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 Florida document number L24000234309	were filed on $\frac{05/20/}{}$	2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the desig	nation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		····-	
			
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name of	the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida	street address	
		, Florida Zi	
	•	Zį	p Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my provided for in Cha	duties, and I am famil pter 605, F.S. Or, if th	iar with and is document is

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	Gichel Meneses de losRios	8240 Tolles DR	= Add
		North Fort Myers, FL 33917	□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			Change
			
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□ Change

					
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ffective date, if other an effective date is listed, lote: If the date inserte ocument's effective date	ed in this block does	not meet the applic	cable statutory filing	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
record specifies a delay	ed effective date, bu	at not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
is filed.					
		2024			
		,	<u> </u>		
is filed. Pated July 11	Signature	,	orized representative	of a member	

Filing Fee: \$25.00