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## COVER LETTER

Division of Corporations	
SUBJECT: March CS CuiSine 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:	
Ronald Marc Name of Person	
Marcs Cuisine LLC	
1201 NE 38 th St A-18	carpe
City/State and Zip Code	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
Ronald Marc at 954 512 - 3907 Name of Person Name of Person Name of Person Name of Person	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

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

TO: Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linhillin Com	1 15 10 P L C
The Articles of Organization for this Limited Liability Compan	y were filed on Ob 11 202 and assigned
Florida document number 12100026545	55
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation;"L.L.
Enter new principal offices address, if applicable:	70 24
(Principal office address MUST BE A STREET ADDRESS)	06
	H: 2
I	SSS P
Enter new mailing address, if applicable:	int. =
(Mailing address MAY BE A POST OFFICE BOX)	77 -
	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street addiess
	Cuy Lip Code
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Cha	inging 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 Title Name Address Type of Action MGRI Ashya Marc 1710 NCYPross Pd and Bompanu Beh FL 33060 \_\_ C)Change MGR Ropald Marc <u>Inion Cypress</u> Rd Remove Change  $\square$ Add □Remove □ Change □Remove □ Change bb∧□ Remove

\_ □ Change

D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary)	,		
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	Mr.	_રઃ —ફે	
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E. Effective date, if other than the date of filing: Ob-11-2024 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	Pursuant to nil not be	605.0207 ( listed as t	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	90th day	after the	
Dated 08 - 09			
Republic Hare- Signature of a member or authorized representative of a member		-	
Rongld Marc Typed or printed name of signee		-	

Filing Fee: \$25.00