L2400304161

| (Re | equestor's Name) | | |
|---|--------------------|---------|--|
| (Ac | ldress) | | |
| (Ac | idress) | <u></u> | |
| (Ci | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nai | me) | |
| (Do | ocument Number) |) | |
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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|---|--|
| SUBJECT: SAY MA | ARBLE MAGIC KITCHEN I | LLC | |
| | Name of Limi | ned Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | YULIET SARMIEN | <u></u> | |
| | | Name of Person | |
| | | Name of Limited Liability Company ee(s) are submitted for filing. g this matter to the following: SARMIENTO ALBERTERIS Name of Person Firm/Company Address FLORIDA 33167 City/State and Zip Code ento934@gmail.com nail address: (to be used for future annual report notification) iter. please call: Sat (786)566-9156 Area Code Daytime Telephone Number int: g Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Street Address: Certified Copy (additional copy is enclosed) | |
| | 12520 W RANDALL P | | |
| | | | |
| | MIAMI, FLORIDA 3 | | |
| | | | |
| | yulietsarmiento934@g E-mail address: (i | gmail.com to be used for future annual report notific | ration) |
| For further information co | oncerning this matter, please ca | all: | |
| YULIET SARMIEN | TO ALBERTERIS | at(_786) _ 566-9156_ | |
| Name o | f Person | | Tetephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ⊠ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres | <u>s:</u> | Street Address: | % |

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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24 1511 29 🕅 9:5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAY MARBLE MAGIC KITCHEN 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 wer | e filed on _ | JULY 8, 2024 | and assigned |
| Florida document numberL24000304161 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | company l | <u>here</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability C | ompany," the | designation "LLC" or the al | obreviation "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 addragent and/or the new registered office address here: Name of New Registered Agent: | ress on our | records, enter the nan | ie of the new registered |
| New Registered Office Address: | Enter F | lorida street address | |
| | | | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | 2024 SEC |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office additionary has been notified in writing of this change. | formance of ided for in | of my duties, and I am, Chapter 605, F.S. Or, | ree to comply with the familiar with and |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------|-------------------------|----------------------------------|
| P | YULIET SARMIENTO ALBETERIS | 12520 W RANDALL PAR DR | □Add |
| | | MIAMI, FL 33167 | XJRemove |
| | | | □Change |
| AMBR | YULIET SARMIENTO ALBERTERIS | 12520 W RANDALL PARK RD | bbA⊠ |
| | | MIAMI, FL 33167 | Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □Change |
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| | | | Remove |
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| | | | STORE TALLAHAS |
| | | | ACK-TALX OF STATE ALLAHASSEE, FL |
| | | | □Remove |
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| E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the | ust be specific and cannot be pri block does not meet the appl | ior to date of liling or more th licable statutory filing req | (optional an 90 days after filin uirements, this dat | g.) Pursuant to 605 | .0207 (3)(b ed as the |
| If the record specifies a delayed effect record is filed. | ive date, but not an effective | etime, at 12:01 a.m. on the | e earlier of: (b) T | | r the |
| Dated JULY 20 | 2024 | · | | 29 AM S ACY OF S HASSEE | |
| | Signature of a member or au | thorized representative of a | member | <u></u> 2, | |
| | V | • | | m vo | |
| YULIET SARN | MENTO ALBERTERIS Typed or pri | inted name of signee | _ | | |

Filing Fee: \$25.00