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08/18/24

## **COVER LETTER**

TO: Registration Section Division of Corpor			
. ) <	Korean 1	Frod LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Jeffrey C	Name of Person	
	•	Name of Ferson	
	Js Kon	ean Food UC Firm/Company	
		Firm/Company	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	5743 43'	rd CL T	
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For further information conce			
) office.	Chri	at (941) 545	0574
Name of Ver	rson	Area Code Daytime Te	Icphone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec Division of Corp		Registration Section Division of Corpor	
P.O. Box 6327	otations	The Centre of Talls	
Tallahassee El	32314	2415 N. Monroe S.	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US Korean too		
(Name of the Limited Liability (A Florida L	Company as it now appears on ( Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Conference Florida document number <u>L2400346</u> 29  This amendment is submitted to amend the following:	impany were filed on Aug	7, 2024 and assigned
•		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		r <b>)</b>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	, 1
	<del> </del>	<u></u>
		*
Enter new mailing address, if applicable:		<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recore	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	(***	, Florida
	City	Zip Code

## 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 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
AMBR	Jeffrey Choi	5743 43rd Ct E Bradenton FL 34203	Add
	•	Bradenton FL 34203	□Remove
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cument s effective	e date on the Departmen	t of State's records.			
ecord specifies a c is filed.	delayed effective date, bu	it not an effective time, a	at 12:01 a.m. on the earli	er of: (b) The 90th	day after th
	9 13th	2024			
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