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COVER LETTER

Registration Section

TO:

Division of Cor	porations						
Kiko's Kite							
SUBJECT:		nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Francisco Lim						
		Name of Person					
	Kiko's Kitchen LLC						
		Firm/Company					
	10140 Matchlock Drive		PERIOT -2				
		Address					
	Orlando, Fl. 32821		77 10				
	kikoskitchen2024@gmail.c	City/State and Zip Code					
	· -	to be used for future annual report no	otification) - , t				
For further information c	oncerning this matter, please o	all:	•				
Francisco Lim		407 9675646 at ()					
Name o	f Person	Area Code Dayti	me Telephone Number				
Enclosed is a check for th	ne following amount:						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S		Street Address: Registration S	ection				
Division of Corporations		Division of Corporations					
P.O. Box 632		The Centre of					
Tallahassee. I	1L 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kiko's 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 were filed on August 29, 2024 and assigned Florida document number L24000380155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	Francisco Lim	10140 Matchlock Drive Orlando, FL 32821	■Add
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			□Change
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			□Change
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tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be pri	3	eeu		(opti	onal)	
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s filed.						
September 20 2024						
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- ATM 15-11/1		∪·				
Signature of a member or au	uthorized	representati	ve of a mei	nber		

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Filing Fee: \$25.00