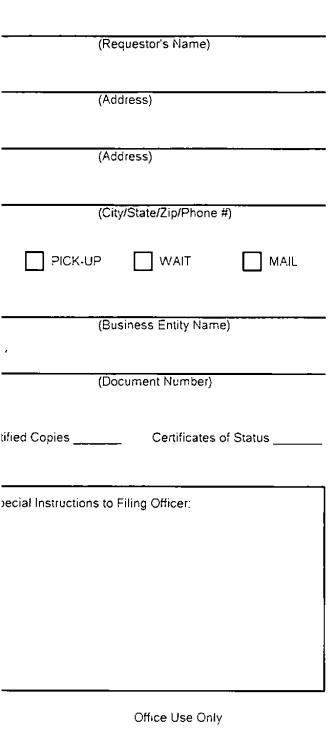


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SECRETARY OF STATALLAHASSEE, FL

COVERLETTER

Registration Section Division of Corporations

	KITCHEN LLC		
EC1.	Name of Limi	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
: return all correspo	ondence concerning this matter	to the following:	
	MAYRA CLOSTERIDES		
		Name of Person	
	MAYRA'S KITCHEN LL	C	
		Firm/Company	
MAYRA'S KITCHEN LLC Firm/Collaboration Firm/Collaboration			
		Address	 _
	PONTE VEDRA, FL 3208	81	
		City/State and Zip Code	
	- -		
	E-mail address: ()	to be used for future annual report not	tification)
urther information o	concerning this matter, please co	all:	
YRA CLOSTERID	ES	630 870-9667 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
osed is a check for t	he following amount:		
\$25.00 Filing Fee		☐ \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYRA'S KITCHEN LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 10/17/2024 and assigned da document number L24000443227 amendment is submitted to amend the following: I amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." r new principal offices address, if applicable: icipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX)

f amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> at and/or the new registered office address here:

	, Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		

City

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is age filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

noved from our records:

= Manager R = Authorized Member

Name	Address	Type of Action
FELIX REZNIK	375 WILDERNESS RIDGE DR. PONTE VEDRA, F	L _ □Add
		_ ≡ Remove
		_ □Change
MAYRA CLOSTERIDES	250 SKYWOOD TRAIL PONTE VEDRA. FL 3208	l ≣Add
		□Remove
	····	🗆 Change
		_ 🗆 Add
		_ 🗆 Remove
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		_ □Change

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ve date, if other than the detective date is listed, the date must b	e specific and canno	t be prior to date	of filing or more th	optional (optional an 90 days after filing	2.) Pursuant to 605.0207
If the date inserted in this bloc ent's effective date on the Dep.			tatutory filing req	uirements, this date	e will not be listed as
ord specifies a delayed of 90th day after the recor		but not an	effective time	, at 12:01 a.m.	on the earlier of
November, 04	202	24			
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