

L99000002089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

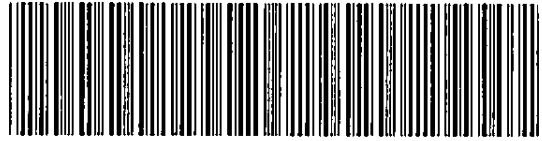
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2024 APR 26 AM 7:54
DEPT. OF STATE
TALLAHASSEE, FL

RECEIVED
2024 APR 26 PM 1:12
DEPARTMENT OF
CORPORATIONS
TALLAHASSEE, FLORIDA

S. HUNT

04/26/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/26/2024

****WALK IN****

ENTITY NAME Culinary Resources LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

XXXXXX

REC'D
TALLAHASSEE, FL
APR 26 AM 7:54
CLERK OF STATE

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 30

ACCOUNT #: I20160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Culinary Resources, L.L.C.

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:

Hazel Wang

Name of Person

Winthrop & Weinstine, P.A.

Firm/Company

225 South 6th Street, Suite 3500

Address

Minneapolis, MN 55402

City/State and Zip Code

hwang@winthrop.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
JAN 11 2006 AM 7:54

For further information concerning this matter, please call:

Hazel Wang

at (612) 6046743

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$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**

Culinary Resources, L.L.C.

(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 04/09/1999 and assigned
Florida document number L99000002089.

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	L. Christopher Asher	1116 South Myrtle Ave.	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	M. Robert Ryan	1923 Dolphin Drive	<input type="checkbox"/> Add
		Bellair Bluffs, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thomas M. Raynor	10535 Happy Hallow Avenue	<input type="checkbox"/> Add
		Odessa, Florida 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth S. Halgren	Post Office Box 98	<input type="checkbox"/> Add
		Indian Rocks Beach, Florida 33785	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2014 JUN 5 AM 7:54
OFFICE OF STATE
ADMINISTRATION
TALLAHASSEE, FL

2007 FEB 26 AM 7:54
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FL

7/20/1926 AM 7:54
OFFICE OF STATE
TREASURER, FLA.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 26, 2024

L. Christopher Asher
Typed or printed name of signee