

2/5/2019

MI4000008407

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KITCHEN ART OF SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**PLEASE KEEP ORIGINAL SUBMISSION DATE 2/5/20019.
EVIDENCE WAS NEVER RECEIVED**

Electronic Filing Menu

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Kitchen Art of South Florida, LLC

Enter new principal office address, if applicable: c/o Aeterna Capital Partners

(Principal office address

MUST BE A STREET ADDRESS)

1345 Avenue of the Americas

New York, NY 10105

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

Same as above.

2. The Florida document number of this limited liability company is: M14000008407

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/19/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: KA Operations, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

FILED

2019 FEB -5 PM 3:44

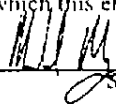
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager & President	Michael Mager	c/o Thayer Street Partners, Michael Mager 41 Madison Avenue, 34th Floor New York, NY 10010	<input checked="" type="checkbox"/> Add
		Jeffery Collamore	<input checked="" type="checkbox"/> Remove
Manager, VP & Sec.	M. Patrick McCloskey	c/o Acterna Capital Partners 1345 Avenue of the Americas New York, NY 10105	<input checked="" type="checkbox"/> Add
		Don Burgess	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael Mager

Typed or printed name of signee

Filing Fee: \$25.00

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2019 FEB -5 PM 3:44
CLERK OF COURT
NEW YORK COUNTY

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "KITCHEN ART OF SOUTH FLORIDA, LLC", CHANGING ITS NAME FROM "KITCHEN ART OF SOUTH FLORIDA, LLC" TO "KA OPERATIONS, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF FEBRUARY, A.D. 2019, AT 1:39 O'CLOCK P.M.



5640152 8100
SR# 20190742850

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202204228
Date: 02-05-19

State of Delaware
Secretary of State
Division of Corporations
Delivered: 01:39 PM 02-05-2019
FILED: 01:39 PM 02-05-2019
SR: 20190742850 File Number: 5640152

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. The name of the Limited Liability Company is Kitchen Art of South Florida, LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is KA Operations, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 5th day of February, 2019.

By: 
Name: Michael Mager
Title: President