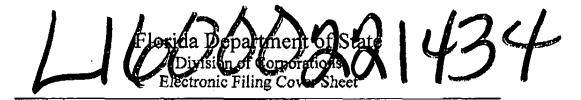
Division of Corporations

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Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CHEFAST LLC  |  |                                    |
|--|--|------------------------------------|
| (Name of the Limited Lie<br>(A Flo   | ability Company as it now appears on our sounds Limited Liability Company) | ecords.)                           |
| The Articles of Organization for this Limited Liabilit Florida document number L16000221434          | ty Company were filed on 12/07/2016  | and assigned                       |
| This amendment is submitted to amend the following   | <b>3</b> :   |                                    |
| 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 AD  | DRESS)   |                                    |
|  |  | 5 1                                |
|  |  |                                    |
| Enter new mailing address, if applicable:  |  | The same grant                     |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>   | the same                           |
|  |  |                                    |
|  |  | <u> </u>                           |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |  | cords, enter the name of the new   |
| Name of New Registered Agent:  |  |                                    |
| New Registered Office Address:   |  |                                    |
|  | Enter Florida street a   | ddress                             |
| <u> </u>   |  | , 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>                  | Type of Action |
|--------------|-------------|---------------------------------|----------------|
| MGR          | Ron Abraham | 9300 S.Dadeland Blvd, Suite 600 |                |
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| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D | lock does not meet th                   | ıê applicable stı | of filing or more than<br>stutory filing requi | (optional) 190 days after filing.) Prements, this date wi | ursuant to 605.0207 (3)(till not be listed as the |
| the record specifies a delaye<br>The 90th day after the rec  |   | but not an e      | ffective time,                                 | at 12:01 a.m. or  | the earlier of:                                   |
| January 12th   | 201                                     |                   |  |   |   |
| Dated_   |   |                   |  |   |   |
| Dated  | hains                                   |                   |  |   |   |

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