

L170000 41896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

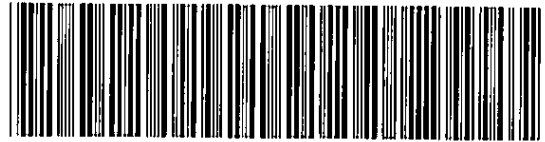
(Business Entity Name)

(Document Number)

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FILED
TALLAHASSEE, FLORIDA

2019 MAY -9 PM 3:09

FILED

T. LEMMON
MAY 20 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BB2802 LLC
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:

BELLO DE D. FILIPPO, MYRIAM ARLENE
Name of Person

BB 2802 LLC
Firm/Company

2900 NE 7th AVE, UNIT 2802
Address

MIAMI, FL 33137
City/State and Zip Code

CHEFHOMFACTORY @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM ARLENE BELLO DE DI FILIPPO at (786) 503-4806
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

BB 2802 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2017 MAY -9 P 3: 39

The Articles of Organization for this Limited Liability Company were filed on 02/22/2017 and assigned
Florida document number L17000041896

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHEF HOM FACTORY LLC

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:

2900 NE 7th AVE

(Principal office address MUST BE A STREET ADDRESS)

UNIT 2802

MIAMI, FL 33137

Enter new mailing address, if applicable:

2900 NE 7th AVE

(Mailing address MAY BE A POST OFFICE BOX)

UNIT 2802

MIAMI, FL 33137

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

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: _____ (optional)

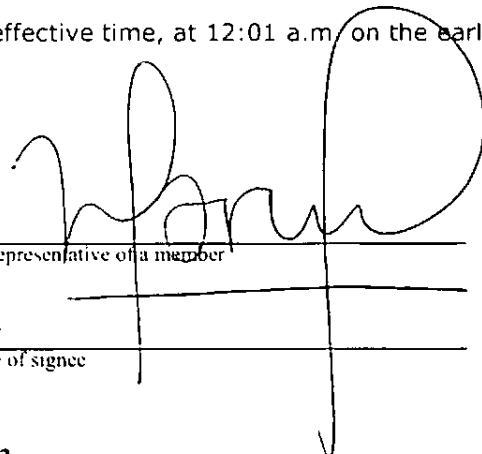
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 6th 2019



Signature of a member or authorized representative of a member

MYRIAM ARLENE BELLU DE DI FILIPPO

Typed or printed name of signee