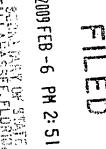
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
FEB <b>-9</b> 2009			
EXAMINER			

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## **COVER LETTER**

TO: ,Registration S     Division of Co	Section orporations		
SUBJECT: <u>Chef</u>	<u> </u>	ited Liability Company)	·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Melissa ( Chef Bort  16400 Cra  Ft Myers	(Name of Person)  hCDAY, LLC (Firm/Company)  UN Arbon WAY (Address)  5 FC 33907. (City/State and Zip Code)	PILED  2009 FEB -6 PM 2: 51  SECURIANSEE FLORIDA
Melissa (	concerning this matter, please co	all: at ( <u>J39_) 462 - 907</u> (Area Code & Daytime To	Lephone Number)
Enclosed is a check for  □ \$25.00 Filing Fee	the following amount: \$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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Chef for the 1Dx (Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>LOLOOO70939</u> .	<b>—</b>	and assigned ass
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	pility company here:	PH 2:51
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Melissa Cannata. 16400 Crawn Arbon Ft Myers, FL	-WAY 33908
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>re</u> :	the name of the new
Name of New Registered Agent: Meli 550  New Registered Office Address: 16400	0 0 1	uddware)
Fort	(Enter Florida street a	33908 (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title Name \_ Add Remove Remove 🗂 Add Remove Remove ഗ 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Cannate Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00