W8 0000 24751

(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: Young Chefs Academy LLC	
Name of Limited Liability Co.	ompany)
The enclosed Articles of Amendment and fee(s) are submitted for filing	•
Please return all correspondence concerning this matter to the following	g:
Richard Williams	
(Name of Pe	erson)
(Firm/Com	pany)
9174 Remington Drive	
(Address	s)
New Port Richey, FL 34655	
(City/State and Z	Zip Code)
For further information concerning this matter, please call:	<u>o</u>
Richard Williams at (727	7) 207-9417 (Area Code & Daytime Telephone Number) TARY 25 AM 11: 30 ing Fee & \$\int_{60.00}^{\$60.00}\$ Filing Fee.
	(Area Code & Daytime Telephone Number)
	E OF AN
Enclosed is a check for the following amount:	FLORE WILL
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filed Certificate of Status	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

Young chefs Academy LLC (Name of the Limited List) (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>03/10/2</u>	2008 and assigned
Florida document number <u>L08000024751</u>	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
TAMPA BAY CULINARY SCHOOL LLC		
The new name must be distinguishable and end with the 'L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
		08
Name of New Registered Agent:		Florida street address) FF OF FIGURE (Zip 644)
New Registered Office Address:		PER 26
	(Enter l	Florida street address) Ha
_		, Florida
	(City)	(Zip Spi)
Now Dogistored Agent's Signature, if changing Pag	istored Agent	-

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 Mañagers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≠ Mana MGRM = Ma	ger naging Member		
Title .	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
		,	_ _
		AL Andrews	FILED SECHSTARY
Dated MARC	pi will	or outhorized concessortative of a mambar	PILED 8ECHSTARY OF STATE SECHSTARY OF STATE
<u>R</u>	RICHARD WILLIAMS	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00