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J. SAULSBERRY **EXAMINER** 

OCT 3 2011

## **COVER LETTER**

TO: Registration S Division of Co				. * : * *	
SUBJECT:	3 Chefs	s In A Hat, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
		Teresa F. Adams		_	
		Name of Person			
3 Chefs In A Hat, LLC			_		
		Firm/Company			
P.O. Box 350611  Address  Jacksonville, FL 32235  City/State and Zip Code					
		PES I			
		2011 SEP 30 SECRETARY ALLAHASSI			
		SSE 30	)		
	3cl	hefsinahat@gmail.com	· -	TOP SE	[7
	E-mail address: (	to be used for future annual report	notification)	LOR STA	£1,13
For further information of	concerning this matter, please of	call:		30 AH 8:21 TARY OF STATE ASSEE, FLORIDA	
Т	erri Adams	at ( 904 )	434-8200		
Name o	of Person		aytime Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ate of Status &	osed)
MAIL	ING ADDRESS:	STREET/CO	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	Chefs In A iability Compa lorida Limited L	A Hat, LLC ny as it now appears on or Liability Company)	ır records.)		
The Articles of Organization for this Limited Liab Florida document numberL100001253		were filed on	ber 12, 20°	10 and assign	ned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
The new name must be distinguishable and end with t "L.L.C."	the words "Limi	ited Liability Company," th	e designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicable:		3305 Parental Hor	ne Road		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Jacksonville, FL 32	2216	2011 SE SE CRE	<u> </u>
Enter new mailing address, if applicable:		P.O. Box 350611		P 30	
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32	2235	YOUR BY	
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter</u>	the name of	the new
Name of New Registered Agent:					
New Registered Office Address:	3305 Parental Home Road				
_		Enter Flo	orida street ad	ldress	
	J	acksonville	, Florida _	32216	<del></del>
		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 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 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 **Title** Name Address **Type of Action** ☐ Add ☐ Remove Remove ☐ Add Remove Remove  $\square$ Add Remove ∏Add Remove

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

We would request that both titles be changed from MGR to MGRM.

Teresa F. Adams AND Kenneth E. Adams are currently listed as "Managers."

		-	<u> </u>	7
			TARY ABSEE	JU
			EF FLO	<u>&gt;</u>
Dated	September 28	,		8: 29
	Signatura o	a member or authorized representative of a member		<u>-</u>
	Signature	Teresa F. Adams		

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee