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C. BRUMBLEY

MAR 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chop And Serve, 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:

Mark Wilson
Name of Person

Culinary Business Academy
Firm/Company

13305 Fawn Lily Dr
Address

Riverview, FL 33579
City/State and Zip Code

Chefmarkw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Wilson at (813) 321-8311
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Chop And Serve, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 1, 2014 and assigned

Florida document number L14000011800

This amendment is submitted to amend the following:

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

Culinary Business Academy, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13305 Fawn Lily Dr

Riverview, FL 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 993

Riverview, FL 33568

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:

Mark A. Wilson

New Registered Office Address:

13305 Fawn Lily Dr

Enter Florida street address

Riverview

City

Florida

33578

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.

Mark Wilson
If Changing Registered Agent, Signature of New Registered Agent

2022 MAR 10 PM 1:58

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MGR = Manager
AMBR = Authorized Member

[illegible]

NONE - NA

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.

Dated 3-10, 2022


Signature of a member or authorized representative of a member

Mark Wilson
Typed or printed name of signee