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T. MATTHEWS DEC 17 2021

COVER LETTER

	legistration Se Pivision of Cor			
SUBJEC"		RT CHEF SERVICES LLC		
SOBJEA,	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	irn all correspo	ndence concerning this matter	to the following:	
		OLEG KOSENKO		
			Name of Person	
			Firm/Company	
		100 KINGS POINT DR 90	94	
			Address	
		SUNNY ISLES BEACH, I	FL 33160	
			City/State and Zip Code	
		E-mail address: (to he used for future annual report	notification)
For furthe	r information c	oncerning this matter, please ea	all:	
OLEG KO	SENKO		305 395-072	2
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 DEC -6 PA 3: 05

EDIBLE ART CHEF SERVICES 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 $\frac{04/29/2015}{1}$ and assigned Florida document number 1.15000076970 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ________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.

Citr

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 21 DEC -6 PH 3: 05

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LARYSA KOSENKO	100 KINGS POINT DR. APT 904	≣ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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ffective date, if other than the an effective date is listed, the date must store: If the date inserted in this blocument's effective date on the D	date of filing: be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing requiripartment of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (ements, this date will not be listed as t
record specifies a delayed effectiv d is filed.	e date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
December, I	2021	
Dated	·	
	7 9 0	
	Signature of a member or authorized representative of a men	niber

Filing Fee: \$25.00