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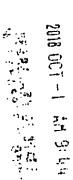
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M. MILLIGAN
OCT 2 2 2018

COVER LETTER

SUBJECT: FIVE	CHEFS CATE	ERING LL	<u></u>
	Name of Limit	led Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Ishmael	Acguals Name of Person	
		Name of Person	
	Five C	Firm/Company	1 LI-C
	1931 Sc	Address	Leagen Blur
	i		- i
	Altamo	City/State and Zip Code	32701
-	fivechefica E-mail address: (u	City/State and Zip Code Terrory @ 9 moul be used for future annual report notifical). ((M)
For further information conc	erning this matter, please cal	11:	
Ishmael	Acquah	at (407) 496 Area Code Daytime Te	4760
Name of Pe	rison	Area Code Dayume To	nephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$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)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

Name of the Limited Liability Compa (A Florida Limited)	of as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $NoV 2,2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	1931 South Ronald Reagan Blud Attamonte Springs Fl, 3270
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3/12 Allamont Springs A 22701
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effecti (If an effe	ve date, if other than the date must be cause date is listed, the date must be	e specific and cannot be prior t	to date of filing or more than	(optional) 90 days after filing.) Pursuant t	o 605.0207 (3)
(If the date inserted in this bloc	k does not meet the applica artment of State's records.	able statutory filing requir	ements, this date will not be	e listed as the
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Note: docum the rec) The	ord specifies a delayed egoth day after the recor	d is filed. 2018 Shmall acc		# (2018 007

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

Page 3 of 3

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