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Amend

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	DOBSON Name of Person Firm/Company E HWY 249 STE 220 Address TX 77064 City/State and Zip Code INCFILE.COM -mail address: (to be used for future annual report notification) atter, please call: at (
THE SOCI	AL CHEF LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person				
		_		
The result and contempo	nacione constraints and indicate	to the reviewing.		
	THE SOCIAL CHEF LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firmu/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: TE DOBSON Name of Person Area Code Daytime Telephone Number is a check for the following amount: OF Filing Fee Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Registration Section			
	ESOCIAL CHEF LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 173.50 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) mattion concerning this matter, please call: 4850 Name of Person Area Code Daytime Telephone Number 2860.00 Filing Fee & S50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) LAddress: ration Section on of Corporations Street Address: Registration Section Division of Corporations			
	 	Firm/Company		
	17350 STATE HWY 249 S			
	HOUSTON, TX 77064			
		City/State and Zip Code		
	LOVETTE DOBSON Name of Person			
For further information c		ŕ	ncanony	
LOVETTE DOBSON		855 829-9090		
Name of Person		ent and fee(s) are submitted for filing. oncerning this matter to the following: ETTE DOBSON Name of Person O STATE HWY 249 STE 220 Address STON. TX 77064 City/State and Zip Code Et234@INCFILE.COM E-mail address: (to be used for future annual report notification) g this matter, please call: at (
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
			ction	
Division of Corporations		Division of Corporations		
P.O. Box 632	.7	The Centre of Tallahassee		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SOCIAL CHEF LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000195621</u> .		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 Liabil	lity Company," the designation "LLC" or the	ne 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)		2020 JAI SEGRE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the 1	name of the new registered
Name of New Registered Agent:		ST C
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	RAUHALA, ILLONA	8374 MARKET STREET#509	□Add
		LAKEWOOD RANCH, FL 34202	■Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date municipal of the date inserted in this bocument's effective date on the I	ist be specific and cannot be block does not meet the a	pplicable statutory	g or more than 90 da		
record specifies a delayed effecti d is filed.	ve date, but not an effect	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th da	y after the
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disin	Town Signature of a member or	authorized represer	native of a member		_
Lisa Tower					
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