# 1600001826

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
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HILES SECRETARY OF STATE
SECRETARY OF STATE

JAN 25 2016 S. YOUNG

TO: Registration Sect Division of Corpo				
-	atering At (	Chef's Table ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Dane I	Name of Person		
		Firm/Company		
	32 SE		245	<b>三</b>
	Delfay Bea	2nd Ave Unit Address  -ch FL 334  City/State and Zip Code  -ta @ gmail.com  to be used for future annual report notifi	44	11 LEB
	Chefdane E-mail address: (	City/State and Zip Code  Ta a gmail . com  to be used for future annual report notifi	ication)	PH STATE
For further information co	ncerning this matter, please ca			
Dane Iac	rage by	at (631) 495 – Area Code) Daytime	3337 Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS: 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**

<u>Catering</u> At Chef's Tabl	<u>'</u>	
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number <u>L1600000 1826</u>	·	
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 I	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<b>E</b> 8 <b>5</b>
		是一点
Enter new mailing address, if applicable:		1343 N F
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	vent:	

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

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date to the lote:  If the date inserted in this block does not meet the applicable stocument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed
and an aritima a delayed affective date, but not an	effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
The 90th day after the record is filed.  January 21, 2015  Signature of a member or authorized r	

Page 3 of 3

Filing Fee: \$25.00

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
		·	Add
			Remove
			□ Change
			Remove
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