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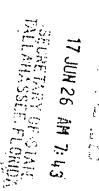
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COVER LETTER

Division of Co A FRAICH SUBJECT:	HE NOTE CULINARY SERVI	ICES, LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RICHARD A. VARTIGIA	AN	
		Name of Person	
	SENIORS TAX & ACCO	UNTING SERVICES, INC	
		Firm/Company	
	2345 14TH AVENUE SU	ITE 3	
		Address	
	VERO BEACH, FL 32960	0	
		City/State and Zip Code	
	SENIORSTAX@HOTMA		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
RICHARD A. VARTIGIAN 772 492-3088 at () Name of Person Area Code Daytime Telephone Number			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following 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:

TO:

Registration Section

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

A FRAICHE NOTE CULINARY 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 04/04/2017 and assigned Florida document number L17000076161 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHEF CASSANDRA & CO, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Euter 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: RICHARD A. VARTIGIAN Name of New Registered Agent: 2345 14TH AVENUE SUITE 3 New Registered Office Address: Enter Florida street address **VERO BEACH** 32960 City 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

Page 1 of 3

Manging Registered Agent, Signature of N

w Registered Agent

voing 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 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 = A	= Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
			□ Remove		
			☐ Change		
			□ Add		
			☐ Remove		
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Effective date, if othe	r than the date of	f filing:				(optional)		
If an effective date is listed, Note: If the date inserte	the date must be spec ed in this block doe	ific and can s not meet	the application	able statutory	g or more than 9 filing require	days after filing ments, this dat	g.) Pursuant e will not b	to 605.0 se listed	0207 d as
document's effective da	te on the Departme	nt of State	e's records.						
he record specifies The 90th day afte			e, but no	t an effect	ive time, at	12:01 a.m	on the e	earlie	r of
		ว	2017						
Dated MAY 22ND		-							

Page 3 of 3

ped or printed name of signee

Filing Fee: \$25.00