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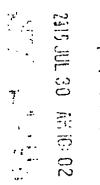
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TO: Registration Division of	on Section Corporations
13 1 1 1 2 1 1 1 2 C C C C C C C C C C C C	DAY CHEF LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	OSCAR JAVIER CRISTANCHO MERCADO
	Name of Person
	ALL DAY CHEF LLC
	Firm/Company
	8252 GRAY KINGBIRD DRIVE
	Address
	WINTER GARDEN, FLORIDA
	City/State and Zip Code
	ALLDAYCHEF@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further informati	ion concerning this matter, please call:
OSCAR J CRISTAI	NCHO MERCADO 813 541-7931 at ()
Na	ime of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	ee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

ALL DAY CHEF LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number <u>L17000122969</u>	Jability Company	were filed on JUNE	05, 2017 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and registered agent and			r records, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	/2 124 · 1	
		Enter Florida s	treet address
	N/A	City	, Florida N/A 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add-or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JUAN CARLOS CRISTANCHO MERCADO	4754 SOMERSET HILL LANE RIVERVIEW, FLORIDA 33578	≅ Add
			Remove
			Change
			Add
			Remove
		·	Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		·····	□ Add
			Remove
			☐ Change
			□ Remove
			Change

	THE OWNERSHIP OF THE LLC NEEDS TO CHANGE AS FOLLOWS:
	OSCAR CRISTANCHO MERCADO = 34%
	SABRINA GONZALE BLOHM = 33%
	JUAN CARLOS CRISTANCHO MERCADO = 33%
H'an e	07/19/2019 tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	l
	Signature of a member or authorized representative of a member
	•
	OSCAR JAVIER CRISTANCHO MERCADO

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

Page 3 of 3

Filing Fee: \$25.00