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FOUSE COUNSEL TO: Registration Section Division of Corporations ALL DAY CHEF LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Roberto Santoni, Esq. Name of Person Santoni Law, P.A., d/b/a Florida In-House Counsel Law Group Firm/Company 941 Lake Baldwin Lane, Suite 100 Address Orlando, Florida 32814 City/State and Zip Code rsantoni@fihclawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roberto Santoni Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL DAY CHEF LLC			
(Name of the Limite	d Liability Comps A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Lia	ability Company	were filed on 06/05/2017	and assigned
lorida document number L17000122969			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
ALL DAY CHEFS LLC			
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	ત્ર
(Principal office address MUST BE A STREET ADDRESS)			23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	-8 PH 4:
3. If amending the registered agent and/or re agent and/or the new registered office address	•	address on our records, <u>er</u>	iter the name of the new regis
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	 	Enter Florida street ad	ldress
		Ciry	. Florida 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, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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