

## L18 0000 62017

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## **COVER LETTER**

TO: Registration : Division of Co			
SUBJECT:	Mark Uhlich Name of Lim	Chef Services	LLC
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	_ Mark	T. Uhlich Name of Person	
		Firm/Company	
	6145 Spr	ing Lake Highwa	ly
		City/State and Zip Code	
For further information	E-mail address: (i	n@ yd/100.com to be used for future annual report noti all:	fication)
Diana L	chlich	at ( <u>352</u> ) <u>573 -0</u> Area Code Daytimo	1146
Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Uhlich Chef &		<del></del>
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on <u>03/08/2018</u>	and assigned
Florida document number <u>L1800062017</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Mark Uhlich Erterpr The new name must be distinguishable and contain the words "Limited I	ises LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	024 SEC
		POZILNOV SERVE
		至 22
Enter new mailing address, if applicable:		ASS P M
(Mailing address MAY BE A POST OFFICE BOX)		72
		1-8 1-8
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Flori	da
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## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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<u>sote:</u> If th	date, if other that we date is listed, the date he date inserted in the s effective date on	this block does	not meet the	applicable s	of filing or more tatutory filing	(or e than 90 days a requirements,	<b>ntional)</b> fter filing.) Pursua this date will no	nt to 605.0207 ( t be listed as t
record sp d is filed.	ecifies a delayed et	Tective date, bu	ut not an effe	ective time, a	12:01 a.m. on	the earlier of:	(b) The 90th	day after the
ated	Novem a	ber 10	<u> </u>	) <del>54</del> .				
		Signature	of a member	or authorized	representative of	a member		<del>_</del>