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2011 JUL 19 PH 4: 42
SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE JUL 2 6 2018

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	PIONEER Name of Lin	CHEFS LLC ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DA	Name of Person		
	Pi	OPEER CHEPS LI	<u> </u>	
	1340L_SUT	TON PARK DRIVES S	APT SII	
	Jackso	City/State and Zip Code	24	
	E-mail address: (PPORT @ TOPFUGITICO to be used for future annual report notif	FFEE . Com	•
For further information of	concerning this matter, please co	all:	SE!	1 -n
Name o	of Person	at (<u>740</u>) <u>343 ~ .</u> Area Code Daytime	3300 Hinder San You	JUL 19 PH 1: 12
Enclosed is a check for t	he following amount:		L OF	ية ك
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee, Cortificate of Statuk & Certified Copy tadditional 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

	NEER CHEFS LLC	
(Name of the Limiter	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned
Florida document number <u>L.1800&1592</u>	95	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
TOP FI	LIGHT COFFEE LLC	
The new name must be distinguishable and contain the wor	ids "Limited Liability Company," the designation "LLC" or t	he abbreviation "L. L. C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
		Fe Em
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>en</u>	ter the man of the ne
registered agent and/or the new registered on	ce address here.	SSN 5
Name of New Registered Agent:		
Name of New Registered Agent.		SI SI SI
New Registered Office Address:	Enter Florida street address	
		7
	Florid:	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 being added or removed from our records:

MGR = N	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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fective date, if other	than the date of f	filing:		(o _l	otional)
m effective date is listed, th ote: If the date inserted	e date must be specifi in this block does i	ic and cannot be pr not meet the app	ior to date of filing licable statutory	or more than 90 days a filing requirements.	iter filing.) Pursuant to 605 0; this date will not be listed
eument's effective date	on the Department	of State's recor	ds		
record specifies a The 90th day after	delayed effection the record is file	ve date, but i led.	not an effecti	ve time, at 12:0.	1 a.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00