L1900025422

(Requestor's Name)
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(Document Number)
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41/28/23 VIN

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
YES CHI	3F LLC	*	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	idillaa C	Name of Person	
	CRN MANAGEMENT II		
	4054 SW 50TH ST		
	-	Address	
	FORT LAUDERDALE.	FL 33314	
City/State and Zip Code			
	CRNMANAGEMENTING	_	
For further information of	concerning this matter, please c	to be used for future annual report no all:	urication)
RAZ SHIMONI		347 662 - 822	
Name of Person		at () Area Code Dayti	me 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		Street Address:	ootion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES CHEF LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document number 1.19000025422		01/24/2019	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	he limited liability company	<u>here</u> :	
TOUCH 2 SLIDE LLC			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET			
	4		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
			
B. If amending the registered agent and/or reg agent and/or the new registered office address		records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Florida street address		
		, Florid:	a
	City		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 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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ FEBRUARY 16 2023 Signature of a member or authorized representative of a member RAZ SHIMONI Typed or printed name of signee

Filing Fee: \$25.00