## LZO 000135378

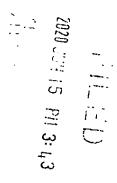
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LALIDDITTON

## **COVER LETTER**

TO:		istration Sec sion of Corp		
CUDIE	cor.	Chef Stever	LLC	
SUBJE	CI:		Name of Lin	ited Liability Company
The encl	losed	Articles of	Amendment and fec(s) are sub	omitted for filing.
Please re	eturn	all correspon	ndence concerning this matter	to the following:
			Steven Morante	
				Name of Person
			Chef Steven LLC	
				Firm/Company
			4230 SW 52nd CT, 8	
				Address
			FORT LAUDERDALE, F	L 33314
			-	City/State and Zip Code
			morantesteven@gmail.com	
			E-mail address: (	to be used for future annual report notification)
For furth	ner in	formation co	ncerning this matter, please c	all:
Steven !	Mora	nte		954 914-6213
	· -	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed	d is a	check for the	e following amount:	
<b>■ \$</b> 25.	.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street Address:
		istration S ision of Co	ection orporations	Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	Tall	ahassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida I.	Company as it now appears imited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Con lorida document number L20000135378	mpany were filed on 05/1	9/2020	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:			~- <u>``</u>
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	7.5	020
		<u></u>	
		<del>-</del>	55 5
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			<u> </u>
		<del> </del>	<u> </u>
			. 0.
If amending the registered agent and/or registered of tent and/or the new registered office address here:	onice address on our rec	ords, <u>enter the name c</u>	f the new regis
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:	Enter Florida	a street uddress	
	Enter Florida City		Zip Code

## 2

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Morante	4230 SW 52nd CT. 8	<b>⊟</b> Add
		FORT LAUDERDALE, FL 33314	Remove
			□ Change
AMBR	Steven Morante	4230 SW 52nd CT, 8	<b>≅</b> Add
		FORT LAUDERDALE, FL 33314	□Remove
			□Change
	Julio F. Morante	4230 SW 52nd CT, 8	□ <b>∧d</b> d
		FORT LAUDERDALE, FL 33314	
			□Change
			□ Add
			□ Remove
			□Change
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			□Remove
			Change

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ffective date, if other than the data an effective date is listed, the date must be note: If the date inspected in this block	te of filing:	on dec. (651)	(optional)	
ore. If the date discribit in this block	does not meet the application	able statutory filing red	mirements, this date will be	ant to 605,0207 at he listed as
ocument's effective date on the Depa	rement of State's records.	,	The same of the sa	or or fisted as
record specifies a delayed effective da	ate, but not an effective ti	me, at 12:01 a.m. on the	c carlier of: (b) The 90th	day after the
is filed.				day after the
June 11	2020			
	<del></del> ,	<u> </u>		
5	5.20			
	nature of a member or autho	nized supregentutive of a		<del>,</del>
Sig	nature of a mention of autic	rized representative of a r	nember	

Filing Fee: \$25.00