L20000139506

(Ri	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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O SIMMONS DEC 2 2 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/21/2020	**	WALK IN**
ENTITY NAME THE BLA	ACK CHEF, L.L.C.	
DOCUMENT NUMBER		
DOCOMENT NOMBER	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy	
	Certified Copy Certificate of Status	
***************************************	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	_
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so muc	h!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION []

THE BLACK CHEF L.L.C.

company has been notified in writing of this change.

2020 DEC 21 AM 9: 18

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records: Liability Company 75 1 1 1 1 1 5 5 7	FUTATE E. FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000139506</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	1821 E 7th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33605	
Enter new mailing address, if applicable:	1821 E 7th Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33605	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Tap Com
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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

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		ATA DEC 51	AM 9: 18
<u>Title</u>	Name	Address Pozema a rese	Type of Action
AMBR	Mammie Łuke	SLIAN E	F MATE ESE FL O Add
			□ Remove
		1220 Astor Commons Place 204 Tampa, FL 33610	■ Change
AMBR	Edward Keith III		□ Add
		4208 East Powhatan Avenue Tampa, FL 33610	
			
			☐ Change
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ective date, if other than the date of filing: 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 eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unnert's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the 90th day after the record is filed. 21/18/2020 Mammue Kuke		2020 DEC 21 AH 9: 18
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Mannue Luke		
Mammue Luke Signature of a member or authorized representative of a member	d	12 / 18 / 2020
Signature of a member or authorized representative of a member		Mammie Luke
Mammie Luke, MEMBER		

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Filing Fee: \$25.00