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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: (MeA	ony Rds Cat	oring	
	I Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richard D	URCE JY Name of Person	
	Chefbay Rd	GATENNG UC Firm/Company	
	ayı mokay k	Address	
	SanBrd, II	3ann/ City/State and Zip Code	
	RICHARD. Cluc E-mail address:	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Richard T Name o	Of Person	at (38 L.) 424- Area Code Daytim	887 <i>U</i> le Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	-Ai o.u.
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Chefboy Rds (atonir	7g LLC	2023 OCT 17 AM II: 55
(Name of the Limited Liability Con (A Florida Limit	nparty as it now appead. Jability Compan	JALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2 000022148</u> 5	ny were filed on	$1 \frac{1/21/2020}{12020} \text{ and assigned}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company	<u>y here</u> :
The new name must be distinguishable and contain the words "Limited Li-	ability Company," tl	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter now mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
		-
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on ou	ur records, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter i	Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance is provided for i	e of my duties, and I am familiar with and in Chapter 605, F.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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pachard Africe Ir	241 Mckay Hvd SanBadiFL3	M/ Add
			□Remove
			Change
MGR_	Pronara Rhae Sr	241 McKay blod SanBrd, Fe 3277	<u>L</u> ZiAdd
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ord is filed.	f: (b) The 90th day after the
Dated October 5 th , 2023 . Signature of a member or authorized representative of a member	

Filing Fee: \$25.00