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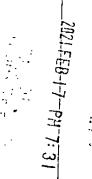
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APR 0 8 2021 S. YOUNG



COVER LETTER

TO: Registration S Division of Co			
	EPHANIE LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STEPHANIE R NUNEZ		
		Name of Person	
	CHEF STEPHANIE LLC		
		Firm/Company	
	210 FLORIDA AVE		
		Address	
	FORT LAUDERDALE FI	L 33312 United States	
		City/State and Zip Code	
	chefstephaniie@gmail.com E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
STEPHANIE R NUNEZ	<u>′</u>	954 646-3143	
Name of Person		at () Area Code Daytime 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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEF STEPHANIE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed o	on <u>08/14/2020</u>		and assig	med
Florida document number L20000250360	·				
This amendment is submitted to amend the following:				 	
A. If amending name, enter the new name of the limi	ted liability compa	iny here:			
CHEF STEPHANIIE LLC				į	
The new name must be distinguishable and contain the words "Limi	ited Liability Company,	" the designation	"LLC" or the abl	previation3 L.L.	C."
Enter new principal offices address, if applicable:			į.		: 1
(Principal office address MUST BE A STREET ADDR	ESS)		· :		· · ·
		<u> </u>	<u>.</u>		
Enter new mailing address, if applicable:				ب <u>.</u> دن	افون ۱
(Mailing address MAY BE A POST OFFICE BOX)					
Name of New Registered Agent: New Registered Office Address:				,	
	Ent	er Florida street e	uddress	1	
			_, Florida	Zip Code	
Non-Basistand America Simulation (fight and Davids and	City			Zip Code	
New Registered Agent's Signature, if changing Registered				!	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered agong being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performan gent as provided fo	ce of my dutier in Chapter :	es, and I am fo 605, F.S. Or, (amiliar with if this docun	and ient is
	If Changing Register	red Agent, <u>Signa</u>	ture of New Reg	istered Agent	

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> Address <u>Title</u> _____ 🗆 Add _____ Change _____ □Add ____ □ Add (_____ □Change _____ □Change __ □Add _____ □Remove

_____ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Effective date, if other than the date of filing: (tran 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 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The event 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 ord is filed. Dated Output Dated Speakure of a member or authorized representative of a member STEPHANIE R NUNEZ	· · · · · · · · · · · · · · · · · · ·	rmation, enter change(s) here: (Attach additional sh	, , , , , , , , , , , , , , , , , , , ,
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Signature of a member or authorized representative of a member	Dated 02/12	2021	İ
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Filing Fee: \$25.00