120000298635

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COVER LETTER

TO: Registration S Division of Co					
CHIDICATE.	F X-PRESS				
SUBJECT: Name of Limited 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:			
	Haydee Calderon				
		Name of Person			
	Top Chef X-Press				
		Firm/Company			
	12114 Sumter Drive				
		Address			
	Orlando, FL 32824				
	topchefxpress@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please c	all:			
Haydee Calderon		321 900-9510 at()			
Name o	of Person		:lephone 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 Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP CHEF X-PRESS, 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 Company were filed on 9/22/2020 and assigned Florida document number L20000298635
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," 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 new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida strect address
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 th 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Jesus R. Calderon	12114 Sumter Drive	■Add	
		Orlando, FL 32824	□Remove
		□Add	
			□Remove
		□Change	
			□Add
			□Remove
			□Change
		·	□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

	any other information, enter change(s) here: (Allach additional sheets, if necessary.)
	
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(If an effective date Note: If the date	e, if other than the date of filing: 9/22/2020 (optional)
t the record specific ecord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October	$\frac{2020}{2}$
	Signature of a member or authorized representative of a member
Hav	rdee Calderon
-	Typed or printed name of signee