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(Address)
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O SIMMONS MAY 21 2021

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Liff	e Chefs Cook Name of Limi	ing Classes, LL ted Liability Company	<u>-C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	<u>Carmen</u>	C Garga Name of Person	
	Little Chefs	COUKING Classes, L	LC
	9640 NW	7th Cir # 20	21
	Plantation, little chefs E-mail address: (1	City/State and Zip Code Chef. ne+ o be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca		
Carmen Name o	C. Carcia	at (<u>954)</u> <u>609-</u> Area Code Daytime	9236 e Telephone Number
Enclosed is a check for the	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 Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

City

Enter Florida street address

, Florida

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 = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	Name	2121 HAR 12 AM 10: 15 Address	Type of Action
Dwner	Carmen C. Carcia	9640 NW 7m Cir, #2021 Plantation, F2 33324	/t\$XAdd
		Plantation, Fi 33324	🗆 Remove
			□Change
			□Add
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			□Add
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			□Change
		-	□Add
			□Remove

_____ □Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec lote: li	te date, if other than the date of filing:
record I is file	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 d.
ated _	February 22 . 2021
	Signature of a member or authorized peresentative of a member Carmen C. Garcia Typed or printed name of signee

Filing Fee: \$25.00