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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Call Me Cl			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen Kelly		
		Name of Person	
	Call Me Chef LLC	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: en Kelly Name of Person Me Chef LLC Firm/Company Hidden River Dr #200 Address do, Fl. 32829 City/State and Zip Code chef.sk@gmail.com E-mail address: (to be used for future annual report notification) this matter, please call: at (732	
		Firm/Company	
	9956 Hidden River Dr #20	0	
		Address	
	Orlando, FL 32829		
	-	City/State and Zip Code	
	callmechef.sk@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Stephen Kelly			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632			
Tallahassee, l	"L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Can vie Chef LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) iability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number L21000007217	were filed on 12/29/2020	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	2821 JU
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "LL.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		• •
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a	ddress on our records, enter th	ne name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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.

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	Stephen Kelly	9956 Hidden River Dr #200 Orlando, Fl 32829	= Add
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ective date, if other than the o	late of filing	1/1/2021 g:			(op	tional)	
effective date is listed, the date must te: If the date inserted in this blo	be specific and	cannot be prio	r to date of fi	ling or more	han 90 days at	ter filing.) Purs	uant to 605.020 not be listed a
cument's effective date on the De				o, , , , , , , , , , , , , , , , , , ,	quite mento.	my date will	ior or inited a
cord specifies a delayed effective s filed.	date, but not	an effective t	ime, at 12:0	91 a.m. on t	he earlier of:	(b) The 90th	h day after the
June 16	,	2021					
	Sol	wk	<u> </u>				
	ignature of a r						

Filing Fee: \$25.00