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COVER LETTER

TO: Registration Sec Division of Corp			
•	hef bliz	229 LLC ted Liability Company	.
	Amendment and fee(s) are submedence concerning this matter (-	
r rease return an correspon	intence concerning this matter t	o the tonowing.	
	Ahmad	Name of Person	
		Name of Person	
	Chef Gl	Firm/Company	
		Firm/Company	
	2241	Monroe 54 Address	1057
	Tallahassee	FL, 32303	
	ChefG	FL, 32303 City/State and Zip Code Li 22y32@ 9ma. 1 to be used for future annual report notit	com
	E-mail address: (to be used for future annual report notit	lication)
For further information of	oncerning this matter, please ca	all:	
Ahmad F	avors	at (<u>\$50</u>) 66	1-1521
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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

FILED

2022 OCT 24 PM 12 16

(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 3/18/2021 and assigned 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

___, Florida <u>___</u>

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>Address</u> Type of Action Title Name: N Monroe St VAdd Ahmad Favors MGR ____ [Chapge Nashira Sutton N monroe St DAdd AMBR ____ □Remove _____ □Remove □Remove ____ Change _____ □Remove _____ □Change _____ □Change

	er information, enter change(s) here: (Attach additional sheets, if necessary.)	

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If an effective date is li Note: If the date in	ther than the date of filing:	05.020 sted a
rd is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated	24th 2022	
	Igrapute of a member of authorized representative of a member	
	\(\sigma \cdot \frac{1}{2} \)	
	Ahmad Favors JR	

Filing Fee: \$25.00