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21 APR 19 MH11: 41

COVER LETTER

Division of Corpo	orations					
SUBJECT:	HEF LO LI					
	Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	,					
	Luis	Name of Person				
		Name of Person				
	(HEF	LO CLC Firm/Company				
		Firm/Company				
	22 m/a	mi gardens rd				
		Address				
	West Par	k Fl 33073	<			
		City/State and Zip Code	<u>, </u>			
	cheflo co	o Ked it Q g mail.	(om			
	,	,	neation)			
For further information con	cerning this matter, please ea	all:				
Luis N CA	MONE	at (305) 384 Area Code Daytim	8579			
Name of P	erson	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	following amount:					
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &			
	Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
			Augunous copy is encrosed			
Mailing Address:	,	Street Address:				
Registration Se	ction	Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND OF

CHEF ID LLC

21 APR 19 AH 11: 44

The Articles of Organization for this Limited Liability Company were filed on 94/16/2021 LNC and assigned Florida document number 121000139336. 03/24/2021 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.

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>	Name	<u>Address</u>	21 APR	(19 AMII:	L L	Type of Action
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	21 APR 19 AM : 44
	
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Effective date, if other than the date of filing:fan effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	(optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the applicable statutory filing requirements, this date will not be listed as the early statutory filing requirements.
d is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 16	V L
Signature of a mem	ber or authorized representative of a member
	Carmons and ped or printed name of signee

. . .

Filing Fee: \$25.00