## LZ2000045399

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Name: Alyssa

Villavicencio

Business Name : Chef \$lims Kitchen LLC

Phone Number (754)-270-3229

Returning Address: 1109 Nw 100 Terr Miami, Florida, 33150 i O: Registration Section
Division of Corporations

SUBJECT:	Chef	\$1ims Kitchen LLC	
•		Name of Limited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alyssa Villavicencio
Name of Person
Chef \$1ims Kitchen UC
Firm/Company
1000 Brickell Ave Suite #715
Miami, Florida, 33131 City/State and Zip Code
Chefslims Kitchen 22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Villavicencio	at (754) 270 3229
Name of Person	Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & 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 ORGANIZATION OF

FILED

CHEF \$LIMS KITCHEN LLC

2022 MAY 19 PM 4: 28

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>	were filed on $1/25/2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 adagent and/or the new registered office address here:  Name of New Registered Agent:	idress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

150 150

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alyssa Villavicencio	1000 Brickell Ave Suite 715 Hiami, Florida, 33131	5⊈Add
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			ot meet the applica of State's records.	ble statutory fili	ng requirements, th	is date will not be liste	ed a
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cord speci	fies a delayed effe	ective date, but i	not an effective tir	ne, at 12:01 a.m.	on the earlier of: (	b) The 90th day after	· the
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		Signature of	a member or author	ized representativ	e of a member		
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		_	Villavi ( Typed or printed				