11000090572

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T. CLINE AUG 23 2011 EXAMINER

COVER LETTER

TO:	Registration S Division of Co				,
SUBJE	·CT·	YUMIE CATERII	NG AND SERVICE	SLLC	
30101			nited Liability Company		_
The end	closed Articles o	of Amendment and fee(s) are su	abmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
		Y	OLANDA HERNANDE	Z	
			Name of Person		
	YUMIE CATERING AND SERVICES LLC				
			Firm/Company		
			14712 SW 63RD LN		The state of the s
			Address		- SALCARI
			MIAMI, FL 33193		
			City/State and Zip Code		35 S
		SARITAV	ARGASMIA@HOTMA	VIL.COM	MIG.
				ort notification)	2 2 °
For fur	ther information	concerning this matter, please	call:		De P
		IDA HERNANDEZ	at (_786_)	499-0030	
	Name	of Person	Area Code &	Daytime Telephone Nun	nber
Enclose	ed is a check for	the following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certii nclosed) Certii	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration	Corporations	3:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUMIE CATERING	AND SERVI	CES LLC			
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appel Liability Company	ears on our records.) /)			
The Articles of Organization for this Limited Liability Compar	ny were filed on	AUGUST 8/20	11 and	l assign	ıed
Florida document number I11000090572					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lig	bility company h	nere:			
YUMMY CATERING					
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Com	npany," the designation	n "LLC" or		reviation
Enter new principal offices address, if applicable:			A SECOND	58	
(Principal office address MUST BE A STREET ADDRESS)			- E	29 131	t () restrict
			SAE ANA O Au	12	<u> </u>
Enter new mailing address, if applicable:			OF STA	AH O	
(Mailing address MAY BE A POST OFFICE BOX)			SE SE	<u></u>	
					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, ente	er the nan	ne of t	<u>he nev</u>
registered agent androv the new registered office address ne					
Name of New Registered Agent:					
New Registered Office Address:		5 5 1 1			
	I	Enter Florida street address			
	City	, Florida	Zip (ode.	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

1

MGR = Ma MGRM = 1	anager Managing Member		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
			Adip Remove
). If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<u></u>			-
_			
Dated	08/17/2011 , John Janes	Herrades	
	//-	or authorized representative of a member	
		or printed name of signee	The state of the s

Page 2 of 2

Filing Fee: \$25.00