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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | MAIL |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | |
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| TO: | Registration Se Division of Cor | | |
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| SUBJE | CT. 5 | easons | Catering LLC |
| SOBJE | CI: | Name | Limited Liability Company |
| | | | |
| The encl | losed Articles of | Amendment and fee(s) ar | submitted for filing. |
| Please re | eturn all correspo | ondence concerning this in | atter to the following: |
| 11445411 | otto an controp | _ | |
| | | Tro | nce Ingram Name of Person |
| | | _ | Name of Person |
| | | Seg | Sons Catering LLC |
| | | | W. 6AUE Address |
| | | 17 70! | W. BAUE |
| | | clai | Nig heach Fl 33004 |
| | | | City/State and Zip Code |
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| Can firm | an information o | oncerning this matter, ple | II |
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| | ronce | Ingra | at (786) 564 -8337 Area Code Daytime Telephone Number |
| | Name o | f Person | Area Code Daytime Telephone Number |
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| Enclosed | lis a check for th | he following amount: | |
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| \$ \$25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of State | |
| | MAIL | ING ADDRESS: | STREET/COURIER ADDRESS: |
| | | ration Section | Registration Section Division of Corporations |
| | | on of Corporations ox 6327 | Clifton Building |
| | Tallaha | issee, FL 32314 | 2661 Executive Center Circle Tallahassee, F1, 32301 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| i | g Or |
|--|--|
| Seg Son | Caterina LLC |
| | ted Liability Company as it new appears on our records.) [A Florida Limited Liability Company) |
| , | A Florida Limited Liability Company) |
| | |
| The Articles of Organization for this Limited L | jability Company were filed on march 5, 2013 and assigned |
| Florida document number <u>L 13000</u> 6 | |
| Florida document number | |
| This could be selected as a second of the Collins | |
| This amendment is submitted to amend the foll | owing: |
| A. If amending name, enter the new name of | Cabo limited linkility gomenous boros |
| A. It amending name, enter the new name of | nine umited habitty company here: |
| | |
| The new name must be distinguishable and contain the | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| l l | - 20 |
| Enter new principal offices address, if applic | able: |
| • | 1 |
| (Principal office address MUST BE A STREE | # ADDRESS) |
| | <u> </u> |
| | <u>~</u> 설문 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE) | (POV) |
| Muning waress MAT BE A FOST OFFICE | |
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| | |
| R If amending the registered agent and/ | ll or registered office address on our records, enter the name of the ne |
| registered agent and/or the new registered of | |
| is gistered agent answer the new registered of | II |
| | |
| Name of New Registered Agent: | |
| <u></u> | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | di l |
| | , Florida |
| | 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 or removed | g Authorized Person(s) authorized to r from our records: | nanage, enter the title, name, and address of | each person being added |
|---------------------------|---|---|-------------------------|
| MGR = M AMBR = A | lanager uthorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If amending any other information, enter | change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of fill: | | |
| (If an effective date is listed, the date must be specific in Note: If the date inserted in this block does not document's effective date on the Department of | d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 meet the applicable statutory filing requirements, this date will not be listed State's records. | 207 (3)(b) I as the |
| If the record specifies a delayed effective (b) The 90th day after the record is filed | date, but not an effective time, at 12:01 a.m. on the earlier | of: |
| Dated November 20 | 2017 | |
| Dated November 20 | (mara | |
| Signature of IVDN CE | member of authorized representative of a member | |
| - IV OFICE | Typed or printed name of signee | |
| į | | |
| | Page 3 of 3 | |
| | Filing Fee: \$25.00 | |