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### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJEC	CT: Elite Consulting & Food Services, LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Marja Lissette Perez Name of Person
	Firm/Company
	12251 SW 117 TER Address
	Miami FL 33186 City/State and Zip Code
	Maria @ miamielite catering. Com  13-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter; please call:
<u>Har</u>	Name of Person at (305) 778-7988  Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ \$25.0	10 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on **NOV** 13, 2014 and assigned Florida document number <u>L1400017625</u>2 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elite Catering & Food Services LLC

The new name must be distinguishable and with the words "Limited Liability 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 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 Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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),	If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary	.)
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•	Effective The effective the date thi	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)	
	Dated	Feb. 09, 2015.	
		M& Peres	
		Signature of a member or amborized representative of a member	
		Maria Lisseffe Perez  Typed or printed name of signee	

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Filing Fee: \$25.00

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SECRETARY OF STATE