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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section
Division of Corporations

| TEMPERA SUBJECT. | TURE & NAOMI CATERING | 7 LLC | |
|--|--|---|---|
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | GLENROY PERRIN | | |
| | | Name of Person | - |
| | TEMPERATURE & NAO | MI CATERING LLC | |
| | | Firm/Company | · |
| | 4580 OLD MILITARY TI | RAIL | |
| | | Address | |
| | WEST PALM BEACH FL | . 33417 | |
| | | City/State and Zip Code | |
| | MARSHACUNNINGHAM | 131@GMAIL.COM | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | concerning this matter, please c | all: | |
| GLENROY PERRIN | | 561 631-5455 | |
| Name o | of Person | at () | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | ☑ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C | Section Corporations | Street Address: Registration Sec Division of Cor | porations |
| P.O. Box 632 Tallahassee. | | The Centre of T 2415 N. Monro | allahassee e Street, Suite 810 |

Tallahassee, FL 32303

COVER LETTER

TO WHOM IT MAY CONCERN

NAME: GLENROY PERRIN

TELEPHONE #: 561-631-5455

ADDRESS: 4580 N MILITAARY TRAIL

WEST PALM BEACH FL 33417

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

TEMPERATURE & NAOMI CATERING LLC

2022 July 13 78 8:43

Zip Code

| (. | A riorida Limited i | ыавину Сотрапу) | |
|---|---------------------|----------------------------------|--|
| The Articles of Organization for this Limited Lia Florida document number L20000235369 | bility Company | were filed on $\frac{08/05/2}{}$ | and assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| T & N AMBROSIAL CUISINE LLC | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 4580 OLD MILITAI | RY TRAIL |
| | | WEST PALM BEAG | CH FL 33417 |
| | | | |
| Enter new mailing address, if applicable: | | 4580 OLD MILITER | RYTRAIL |
| (Mailing address MAY BE A POST OFFICE BOX) | | WEST PALM BEAG | CH FL 33417 |
| B. If amending the registered agent and/or re agent and/or the new registered office address | | address on our recor | ds, enter the name of the new registered |
| Name of New Registered Agent: | GLENROY PE | RRIN | |
| New Registered Office Address: | 4580 OLD MIL | JTARY TRAIL | |
| | WEST PALM | Enter Florida s BEACH | . Florida 33417 |

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.

City

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> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffective date, if other than the | date of filing: | (antional) | |
| an effective date is listed, the date must | be specific and cannot be prior to date | (optional) of filing or more than 90 days after filing.) Pursu | ant to 605.0207 |
| ocument's effective date on the De | partment of State's records. | atutory filing requirements, this date will n | ot be listed as |
| | | | |
| record specifies a delayed effective is filed. | date, but not an effective time, at | 12:01 a.m. on the earlier of: (b) The 90th | day after the |
| is med. | | | |
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