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COVER LETTER

FO: Registration Section
Division of Corporations

GUBLECT: MS GINA'S KITCHEN CATERING SERVICES 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:

Regina Y. cole	
Name of Person	- ~ ~
N/A	2021 AUG
Firm/Company	5 -
P.O. Box 370504	
Address	
Miami, FL 33137	3: 23
City/State and Zip Code	
mgkcsenices/lc@grail-com E-mail address: (to be used for future annual report notification)	
Limital address, (to be used to future annual report notification)	

For further information concerning this matter, please call:

Regina	Y.	0	e
	Name	e of Perso	n .

_ at (<u>754</u>

214-3309

rea 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) \$60.00 Filing Fee, Certificate of Status & 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS GINA'S KITCHEN CATERING SERVICES LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 08	63/2021 and assigned
Florida document number <u>L 2/0003<i>5</i>04/</u> 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MS COLE'S 305 KITCHE	N CATER	ING SERVICES LLC
The new name must be distinguishable and contain the words "Limited Liab		ation "LEC" or the abbreviation "E.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	0 - 0 - 1	3 MS 50 0
Enter new mailing address, if applicable:	P.O. BOX MIAMI, F	370504 S
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, F	-L 33/37 · · · _
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our recor	ds, <u>enter the name of the new registered</u>
New Registered Office Address.	Enter Florida si	rcet address
	NA	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my oprovided for in Chap	lutics, and I am familiar with and ter 605, F.S. Or, if this document is
	N/A	
If Cha	inging Registered Agent, §	Signature of New Registered Agent

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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n effectiv <u>ote:</u> If th	date, if other the date is listed, the he date inserted its effective date of	date must be spec n this block doe	ific and cannot snot meet t	ot be prior to d he applicable	3/20 ate of filing or a e statutory fili	nore than 90 d	_ (optional ays after filin nts, this dat	g.) Pursuant	to 605,020 c listed as
ecord sp is filed.	oecifies a delayed	effective date, l	out not an ei	fective time.	at 12:01 a.m.	on the earlie	er of: (b) T	The 90th day	v after the
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Filing Fee: \$25.00