# L22000279935

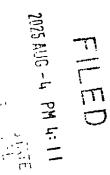
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## **COVER LETTER**

Division of Corporations
SUBJECT: Smoke Fire Fusion Flair 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:
Sessie Basaldua  Name of Person  Sessie D. The Water Contering
Smoke On The Water Catering
331 Shannon Ct. NW
Fort Walton Beach Florida 32548
Fort Walton Beach Florida 32548  City/State and Zip Code  Chewybaldarosa@small.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessie Basaldua at 580, 649-8185  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

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

TO:

**Registration Section** 

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

Smoke fir	-e Fusion Flair
(Name of the Limited I	Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on June 20, 2022 and assigned is
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of the Smoke On The W. The new name must be distinguishable and contain the words	e limited liability company here:  Dater Catering LLC s "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 A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>x</i> <sub>2</sub>
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smoke Fire F	Eusion Flair & M
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 22000279935</u>	pany were filed on June 20, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Smoke On The Wate  The new name must be distinguishable and contain the words "Limited I	110
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

### New Registered Agent's Signature, if changing Registered Agent:

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MGR =	Manager	
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specified is filed.	es a delayed effective date, but n	ot an effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day after the
atedc	July 29	<u>, 2025</u> .			
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	Signature of	division and an amenda in a			

Filing Fee: \$25.00