

L14000171443

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

DEC 05

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Catering
Chippy Chippy Caterers 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:

Tara Nicosia

Name of Person

Chippy Chippy Caterers LLC

Firm/Company

540 NE 70TH Street

Address

miami fl 33138

City/State and Zip Code

tnicosia610@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Nicosia

Name of Person

at

914

Area Code

373-0911

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Chippy Choppy Catering 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 11-04-14 and assigned
Florida document number 11-04-14 L 14000171443

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end 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)

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TALLAHASSEE, FLORIDA

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

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DESTINY POCIA	103 BRANDON RD	<input type="checkbox"/> Add
	* REMOVE *	YONKERS NY 10704	<input checked="" type="checkbox"/> Remove
AMBR	TARA NICOSIA	540 NE 70TH ST.	<input checked="" type="checkbox"/> Add
	* ADD *	MIAMI FL 33138	<input type="checkbox"/> Remove
MGR	ALFREDO ALVAREZ	540 NE 70TH STREET	<input checked="" type="checkbox"/> Add
	* ADD *	MIAMI FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

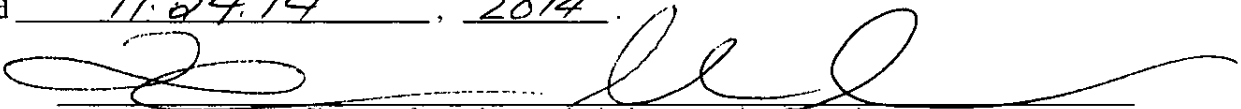
SECRETARY OF STATE
ALLIANCE, FLORIDA
14 NOV 20 PM 3:35
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11.24.14, 2014.



Signature of a member or authorized representative of a member

Tara Nicosia
Typed or printed name of signee

alfredo alvarez

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Filing Fee: \$25.00

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