

UD5000054569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

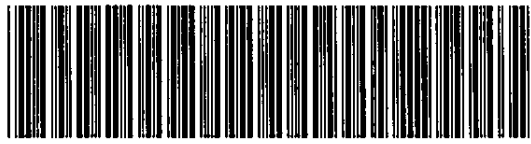
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32309
17 JAN -9 PM 4:06

JAN 10 2017
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOCO Catering 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:

Bonnie R Garwood

Name of Person

LOCO Catering LLC

Firm/Company

902 NE 6th St

Address

Carrabelle FL 32322

City/State and Zip Code

garwoodbonnie@gmail.com

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

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Bonnie Garwood

at (850) 766-6299

Name of Person

Area 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LOCO 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 May 23, 2005 and assigned Florida document number L05000054569.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

902 NE 6th St

(Principal office address MUST BE A STREET ADDRESS)

Carrabelle FL 32322

Enter new mailing address, if applicable:

PO BOX 981

(Mailing address MAY BE A POST OFFICE BOX)

Carrabelle FL 32322

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CLERK OF DISTRICT COURT
JAN 9 9 PM 4:06
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:

Bonnie R Garwood

New Registered Office Address:

902 NE 6th ST

Enter Florida street address

Carrabelle

City

Florida

32322

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 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>	<u>Type of Action</u>
MGR	Lee Edmiston	P.O. Box 291	<input type="checkbox"/> Add
		Apalachicola, Fl 32329	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Polly S. Edmiston	320 Bradford St	<input type="checkbox"/> Add
		St. George Island 32328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bonnie R. Garwood	PO BOX 981	<input type="checkbox"/> Add
		Carrabelle FL 32322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason A Garwood	902 NE 6th St	<input type="checkbox"/> Add
		Carrabelle FL 32322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JAN - PM 4:06
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

17 JAN -9 PM 4: 06
SECRETARY OF STATE
KALELA S. STEVENSON, DIR.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 1/6/17

Bonnie R Garwood
Signature of a member or authorized representative of a member

Bonnie R Garwood
Typed or printed name of signee