# L06000 111501

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SECRETARY ALLIGHE
TALLAHASSEE, FLORIDA

JUN 22 2019

S. YOUNG

# **COVER LETTER**

	istration Se ision of Cor			
CUBIECT.	Huszar Fan	nily Catering, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Steve L. Henderson		
			Name of Person	
		Collins Brown Barkett, Ch	artered	
			Firm/Company	
		756 Beachland Blvd		
			Address	
		Vero Beach, Fl, 32963		
		shenderson@verolaw.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Steve Hende	erson		772 231 4343 at ( )	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	

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

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Huszar Family Catering, LLC						
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) mited Liability Company)					
The Articles of Organization for this Limited Liability Com	pany were filed on November 16, 2006	and assigned				
Florida document number L06000111501						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	l 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:						
(Principal office address MUST BE A STREET ADDRES	<u></u>					
		7:0 6				
		Eg = n				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		SS O T				
		1771 P O				
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		er the name of the new				
Name of New Registered Agent:	<del></del>					
New Registered Office Address:						
	Enter Florida street address					
<del></del>	, 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 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>	Address	Type of Action
MGR	Andrew Huszar		
		951 SW Country Club Drive, Pt. St. Lucie FI, 34986	■ Remove
			☐ Change
MGR	Karyn Boyd		🗖 Add
		951 SW Country Club Drive, Pt. St. Lucie Fl, 34986	■ Remove
			□ Change
MGR	Stephen Huszar	<del></del>	
		951 SW Country Club Drive, Pt. St. Lucie Fl, 34986	■ Remove
			Change
MGR	Kristy Caraballo		
		951 SW Country Club Drive, Pt. St. Lucie Fl, 34986	Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			Remove
			Change

	uing any other information, enter ci	nange(s) here: (Attach additional sheets, if necessary.)
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		June 6, 2019
fan effect	e date, if other than the date of filing tive date is listed, the date must be specific and the date inserted in this block does not m	(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( eet the applicable statutory filing requirements, this date will not be listed as t
locumen	t's effective date on the Department of St	tate's records.
	rd specifies a delayed effective do Oth day after the record is filed.	i ate, but not an effective time, at 12:01 a.m. on the earlier of:
e reco. The 9	our day after the record is filed.	
ine 9	une 6, 2019	
ine 9		<u> </u>
ine 9	nne 6, 2019	
ine 9	ine 6, 2019	comber or authorized representative of a member
ine 9	ine 6, 2019	
ine 9	Nancy Huszar	
ine 9	Nancy Huszar	comber or authorized representative of a member

Filing Fee: S25.00