# L06 000 III 501

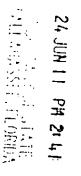
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(Address)
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(City/State/Zip/Phone #)
, , , , , ,
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(Business Entity Name)
(Document Number)
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08/11/24--01008--010 \*\*25.00



## **COVER LETTER**

Today's Date: 6/5/24

Daytime Phone Number: **561-596-8029** 

Return Address: 951 S.W. Country Club Drive, Port

St. Lucie FL 34986

#### **COVER LETTER**

		COVER LETTER	
TO: Registration: Division of Co			
	amily Catering LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filmg.	
Please return all corresp	pondence concerning this matter	to the following:	
	Nancy Huszar		
		Name of Person	
		Firm Company	
	951 SW Country Club Dri	ve	
		Address	
	Port Saint Lucie, FL 34986	j	
	info@creativecateringbh.co	City State and Zip Code m	
	E-mail address; (	to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
Andrew Huszar		561 596-8029 at ()	
Name	of Person	Area Code Day	time 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 tadditional copy is enclosed:	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mailing Addr</u> Registration		Street Address Registration	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Huszar Family Catering LLC		
( <u>Name of the Limited Liability Conapa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Company	waga tibul an	and a vioral
	were med on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.C	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	····	
Principal office address MUST BE A STREET ADDRESS)		
		£ .
		- I
Inter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office a gent and/or the new registered office address here;</li> </ol>	iddress on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	`
	, Flo	orida
<del></del>	Cuy	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 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	<b>=</b> Add
		Port Saint Lucie, Ft. 34986	
Event Dinder	Karyn Boyd	951 5W County, Club Dr	
	<u> </u>	Pot St. lucie FL 34986	Remove
			□Change
			□Add
			DRemove
			□Change
			🗆 Add
			□Remove
			DChange
			□Remove
			□Change
			TAdd
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
racard is fil	I 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 ed.
Dated .	Signature of a mercher or authorized representative of a member  Nancy Huszar
	Name Hungan
	Signature of a member or authorized representative of a member
	Nancy Huszar

Typed or printed name of signee