## 1070000 1449

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	officer:

Office Use Only



500089679575

03/01/07--01030--005 \*\*25.00

FILE IN 10: 08

ZOOT HAR - 1 AM 10: 08



\	COVER LETTER
TO: Registration Division of C	
SUBJECT: K	acana's Island Catering LLC (Name of Limited Liability Company)
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
-	Adrian Liburd (Name of Person)
(	79h Accouning Services
-	7466 NW 18 Dr.
· -	Pembroke Pines, FL 33024 ASECRETARY (City/State and Zip Code)
For further information	n concerning this matter, please call:
Adire	n concerning this matter, please call:  at (954) 559-76522 8  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the	ne following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $r_{i} \sim \zeta_{i}$ 

KACANA'S TSLAWD CATERING, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on $1-31-07$ and assigned document number $LQ7QQQ11649$		
SECOND:	This amendment is submitted to amend the following:		
	Name Change/Correction;	7007 HAR - 1	anding
	Name Should be:	- =	
	KATANA'S ISLAND CATERT	Res NG, A	LLC
	· · · · · · · · · · · · · · · · · · ·	~	
Dated	2-23-07.2007		
	Signature of a member or authorized representative of a member		
	Miriam  Typed or printed name of signee		

Filing Fee: \$25.00