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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	YJ Catering, LLC Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	MARIA. Gonzalez Name of Person	
	HG Accounting + Tax Service, Inc. Firm/Company	
	9520 SW 40 st. Ste 204 Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Mari Name	at (305) ZZO-2Z55 e of Person at (305) ZZO-2Z55 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	CATERING, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear. Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	12/20/07	and as	signed
Florida document numberL07000126254	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	<u>e</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compar	ny," the designation "	LLC" or the	abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		·		
Enter new mailing address, if applicable:			HAY -	
(Mailing address MAY BE A POST OFFICE BOX)			a au ≤ o	
B. If amending the registered agent and/or regis		ur records, enter	o≥ cn	of the nev
registered agent and/or the new registered office add	uress nere.			
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street ada	Irace	
	Eme	er Prorida sireet ada	11 633	
	City	, Florida	Zip Coa	le

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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lazaro H.Gonzalez	12741 NW 6th Lane Miami, Fl. 33182	Add _√ Remove
MGR_	Maria A.Gonzalez	12741 NW 6th Lane Miami, Fl. 33182	_ ✓ Add ☐ Remove
			Add Remove
			Add Remove
			_□Add □□Remove
			Add Remove
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			-
			-
Dated	April 22 , 2011	<u> </u>	_
_	<i>y</i> Laza	authorized refresentative of a member ro H.Gonzalez printed name of signee	

Page 2 of 2

Filing Fee: \$25.00