

L08000021984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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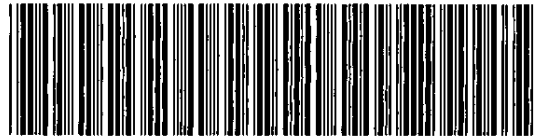
(Business Entity Name)

(Document Number)

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2008 OCT 17 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
OCT 20 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ELITE FOODSERVICE MANAGEMENT AND 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:

DIEGO SUAREZ  
(Name of Person)  
  
ELITE FOODSERVICE MANAGEMENT AND CATERING, LLC  
(Firm/Company)  
  
15051 ROYAL OAKS LANE, #1401  
(Address)  
  
NORTH MIAMI, FL 33181  
(City/State and Zip Code)

For further information concerning this matter, please call:

DIEGO SUAREZ at ( 786 ) 255.1919  
(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

FILED

2008 OCT 17 AM 11: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ELITE FOODSERVICE MANAGEMENT AND 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 MARCH 3, 2008 and assigned Florida document number L08000021984.

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

Enter new principal offices address, if applicable:

15051 ROYAL OAKS LANE

**(Principal office address MUST BE A STREET ADDRESS)**

#1401

NORTH MIAMI, FL 33181

Enter new mailing address, if applicable:

15051 ROYAL OAKS LANE

**(Mailing address MAY BE A POST OFFICE BOX)**

#1401

NORTH MIAMI, FL 33181

**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:

DIEGO SUAREZ

New Registered Office Address:

15051 ROYAL OAKS LANE, SUITE #1401

*(Enter Florida street address)*

NORTH MIAMI

*(City)*

Florida 33181

*(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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

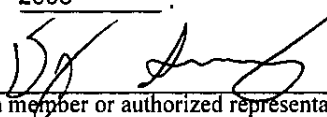
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIAM HANSEN	2167 SOUTH BAYSHORE DRIVE MIAMI, FLORIDA 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 10, 2008

  
Signature of a member or authorized representative of a member

DIEGO SUAREZ  
Typed or printed name of signee

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA