

**LD8000087520**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

JUL 15 2009

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**EXAMINER**

RECEIVED

09 JUL 14 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****CREATIVE AFFAIRS CATERING & EVENT PLANNING, LLC**

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H09000162625

CREATIVE AFFAIRS CATERING & EVENT PLANNING, 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 09/15/2008 and assigned  
Florida document number L08000087520

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ROBERT JACOBS

New Registered Office Address: 1280 SW 29TH AVENUE

Enter Florida street address

POMPANO BEACH, Florida 33069

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 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

Page 1 of 2

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STATE OF FLORIDA

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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	LINDER, MICHAEL	1280 SW 29TH AVE POMPANO BEACH, FL 33069	<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 JULY 14TH, 2009

  
Signature of a member or authorized representative of a member

ROBERT JACOBS

Typed or printed name of signee

Page 2 of 2

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