

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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

From:  
Account Name : JIM SIERRA & ASSOCIATES  
Account Number : 110677000356  
Phone : (305) 271-7310  
Fax Number : (305) 271-4422

G. MCLEOD

JUN -4 2009

EXAMINER

**LLC AMND/RESTATE/CORRECT OR M/MG  
RESIGN**

**TUCKWELL INTERNATIONAL CATERING, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -3 AM 8:21

RECEIVED

09 JUN -3 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(((H090001301693)))  
**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TUCKWELL INTERNATIONAL CATERING, L.L.C.  
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:

SHAUN M TUCKWELL

Name of Person

TUCKWELL INTERNATIONAL CATERING, LLC.

Firm/Company

13015 SW 89TH PLACE, SUITE 117

Address

MIAMI, FL 33176

City/State and Zip Code

tuckwellintlcatering@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAUN M TUCKWELL

Name of Person

at ( 786 )

973-6462

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TUCKWELL INTERNATIONAL CATERING, L.L.C.**  
(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 FLORIDA and assigned  
Florida document number L09000004030.

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
09 JUN -3 AM 8:21

**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: SHAUN M TUCKWELL

New Registered Office Address: 13015 SW 89TH PLACE, SUITE 117

*Enter Florida street address*

MIAMI

Florida

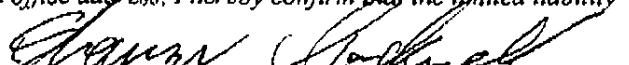
33176

*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

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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

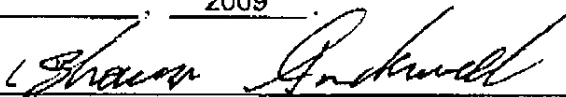
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN NUMBER 26-4030026

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

Dated MAY 22, 2009



Signature of a member or authorized representative of a member

SHAUN M TUCKWELL

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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