

L1 00000 527 98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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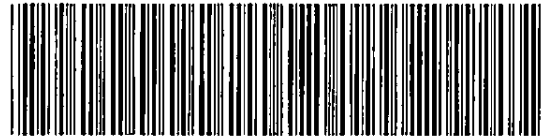
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELORENZO CATERING SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MISAEI NAZCO

Name of Person

DELORENZO CATERING SERVICES LLC

Firm Company

16473 SW 59TH TER

Address

MIAMI FL 33193

City/State and Zip Code

Cienfuegos619@msn.com

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

For further information concerning this matter, please call:

MISAEI NAZCO

786 7154591

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

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

DELORENZO CATERING SERVICES 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 05-14-2010 and assigned
Florida document number 110000052798.

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 contain 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)

16473 SW 59TH TER

MIAMI FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16473 SW 59TH TER

MIAMI FL 33193

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this ~~and~~ will not be listed as the document's effective date on the Department of State's records.

will not be listed as the
The 90th day after the
OFFICE OF STATE
TREASURER, FL
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RECEIVED

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00