## L10000012855

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100184222451

08/12/10--01017--003 \*\*25.00

10 AUG 12 PH 2:56

D. BRUCE
AUG 13 2010
EXAMINER

## **COVER LETTER**

ζie

TO: 'Registration Section Division of Corporations	
SUBJECT: Tracy Miller's 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:	
Tracy B. miller Name of Person	
Tracy miller's catering LLC Firm/Company	
7155 Kimball Ave	
COCO2 FL 32927  City/State and Zip Code	***
Tracy millers Catering & Hotmail.com	
For further information concerning this matter, please call:	n
Tracy miller at (321) 403-7475 27 Cn Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ Certificate of Status \$\	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabilit (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability of Florida document number		12, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," tl	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	A
	<del></del>	ASS -
Enter new mailing address, if applicable:		SEE SEE
(Mailing address MAY BE A POST OFFICE BOX)		
		OM O
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	**************************************	
	Enter Flo	orida street address
	Chi	, 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 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 **Type of Action Address Title Name** MGRM Tracy B miller ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) B. Miller
Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00