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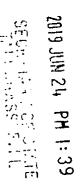
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James

COVER LETTER

	stration Sec sion of Corp		*	•
 SUBJECT: _	SIMPLY SO	OUTHERN CATERING CO.	LLC	
oombor.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MIKKEL L BRINSON		
Name of Person SIMPLY SOUTHERN CATERING CO. LLC				
Firm/Company 27876 LANCE DRIVE				
		BONITA SPRINGS, FL 341	Address 135	
		SIMPLYSOUTHERNCATER	_	
For further in	formation co	E-mail address: (ncerning this matter, please co	to be used for future annual report notif	ication)
MIKKEL L B			239 293-148	37
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling 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

SIMPLY SOUTHERN CATERING CO, LLC

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears or iability Company)	our records.)	2/2/2011
The Articles of Organization for this Limited Liability Company vi Florida document number L11000028709	were filed on	06-17-2019	3/3/2011 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	nation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2019 JUN
Enter new mailing address, if applicable:		····	24
(Mailing address MAY BE A POST OFFICE BOX)			PH : 39
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ir records, <u>en</u>	ter the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	, I		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ciţ		Zip Code
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	-		• • •

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNIFER L BRINSON	27876 LANCE DRIVE BONITA SPRINGS, FL 34135	□ Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change

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(If an effective da <u>Note:</u> If the d	e, if other than the date of the is listed, the date must be speate inserted in this block do ective date on the Departm	ecific and cannot be prio ses not meet the appli	cable statutory filing i	(optional) to than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 will not be listed as
	ecifies a delayed effe day after the record is		ot an effective tin	ne, at 12:01 a.m. c	on the earlier o
	JUNE 17	2019			
D	• • • • • • • • • • • • • • • • • • • •				
Dated	. // 10		 •		
Dated	Milled L	Buis	·		

Page 3 of 3

Filing Fee: \$25.00