## L1100005a397

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J. HARRIS

## **COVER LETTER**

	egistration Sec ivision of Corj			
SUBJECT		ME CATERING LLC		
SUBSECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		ESTHER URREA		
			Name of Person	· . · · · . · · · · · · · · · · · · · ·
		SNACK TIME CATERIN	G LLC	
			Firm/Company	
		17570 ATLANTIC BLVD	. UNIT 508	
			Address	
		SUNNY ISLES BEACH, I	FL 33160	
			City/State and Zip Code	<u></u>
		eurreall@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please ca	all:	
Esther Un	rea		561 929-4956 at (	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNACK TIME CATERING LLC			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our reco ted Liability Company)	<u>rds.</u> )	
	any were filed on May 4, 2011	and assigned	
Florida document number LT1000052397			
The Articles of Organization for this Limited Liability Company were filed on May 4, 2011 and assigned Florida document number L11000052397  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 "LLC."  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 registered agent and/or the new registered office address here:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		05 IDA	
registered agent and/or the new registered office address l		rds, <u>enter the name of th</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
		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

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	Imre Beke Jr.	1036B Royal Palm Beach Blvd.	Add
		Royal Palm Beach, FL 33411	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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Fective date, if other an effective date is listed ote: If the date insert ocument's effective date record specifies.	I, the date must be spected in this block does ate on the Departme	sific and cannot be prior is not meet the applic ant of State's records. tive date, but no	to date of filing or m able statutory filin	g requirements, this	filing.) Pursuant to 605. date will not be liste	ed as
	er the record is					
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	-	re of a member or author	onzed representative	ot a member	JUN 30	,
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ESTHER U	RREA 	Typed or print	ed name of signee		rrass	
ESTHER U	RREA	Typed or print	ed name of signee		O AMII: 05	-

Filing Fee: \$25.00