

L12000114772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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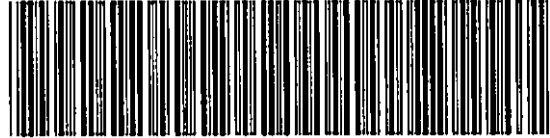
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DOUGLAS FAMILY 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:

JOANNA DOUGLAS

Name of Person

DOUGLAS FAMILY CATERING LLC

Firm/Company

3819 E NORFOLK STREET

Address

TAMPA, FLORIDA 33604

City/State and Zip Code

jdouglas42@verizon.net

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

For further information concerning this matter, please call:

JOANNA DOUGLAS

813

9242490

at ( )

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

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

DOUGLAS FAMILY CATERING 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 AUGUST 31, 2012 and assigned  
Florida document number LI2000114772.

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)**

**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 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**

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEVIN DOUGLAS	6617 FAIRWATER DRIVE	<input type="checkbox"/> Add
		RIVERVIEW, FLORIDA 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LENTON DOUGLAS, JR	2808 E WILDER AVENUE	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33610	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOANNA DOUGLAS	3819 E NORFOLK STREET	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANTHONY LONG	1910 BRIDGEHAMPTON PLACE	<input type="checkbox"/> Add
		BRANDON, FLORIDA 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	YVONNE LONG	1910 BRIDGEHAMPTON PLACE	<input type="checkbox"/> Add
		BRANDON, FLORIDA 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	YOLANDA LUCAS P	2560 HUNLEY LOOP	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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HILLSBORO COUNTY, FLORIDA

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2020 OCT 26 PM 3:44

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 15, 2020

Signature of a member or authorized representative of a member

JOANNA D. DOUGLAS

Typed or printed name of signee