# #12000/30317

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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EGNEDARY OF STATE

THE CONTRACTOR

THE CO

K.SALY EXAMINER JAN 3 0 2013 3080 Tamiami Trail East Naples, Florida 34112 Telephone (239) 649-4900 Fax (239) 649-0823 Internet: www.swflalaw.com

## **Treiser**



**Collins** 

Richard M. Treiser Thomas A. Collins, II ■ ◆ Christopher J. Cona Robert A. DeMarco \* Bradley S. Donnelly ◆

Craig A. Goddy A •

Of Counsel

James L. Arnold ∴ 3€ ◆

1/23/2013

Amendment Section Division of Corporations PO Box 6327 Tallahassee, Fl 32314

RE: Five Star Catering LLC name change

To whom it may concern:

Enclosed please find an amendment for the above referenced entity along with a check for \$25 for the filing fee.

Very truly yours,

TREISER, COLLINS

Christopher J. Cona Esq.

For the Firm

ccona@swflalaw.com

### **COVER LETTER**

Division of Cor			
SUBJECT:	five star	CATERIAS LLC ed Liability Company	
Sobolett.	Name of Limite	ed Liability Compuny	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Ch	Name of Person	
		Name of Person	•
		reiser Collins /	<u></u>
		Firm/Company	
	70	80 TAMIAMI TIATI	1 E.
		Address	
	Λ	Ales, An 341  City/State and Zip Code  Kerri, Keyes & Cobe used for future annual report notifications.	/ D
		City/State and Zip Code	
		Max Kerri. Keyes &	gmail, lom
	E-mail address: (to	o be used for future annual report notificati	<b>ø</b> n)
For further information of	oncerning this matter, please ca	all:	
Name	CONA of Person	at (239) 298-85 Area Code & Daytime Te	785
ivaine e	11 1 013011	Alea code to Buyumio Te	No Production
Enclosed is a check for t	he 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 A	MENDMENT
TO	13 · · · · · · · · · · · ·
ARTICLES OF O	RGANIZATION AN 28 DO
Ol	LANGETTE PAIR 10
	1 LATERIAN LUCISCE, PLANTE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Neapolitan CA	tering LL
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- $P/A$
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	=N/a
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:  New Registered Office Address:	The state of the s
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	Address	Type of Action
	/ A		Add
			Remove
		<u> </u>	Add
			Remove
			Add
			Remove
	<u></u>		Add
	,		
<del></del>			Add
			Remove
			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	in A.
-	
Dated	TANUARy 21, 2013.
	Signature of a member or authorized representative of a member  (Mris ONA - A-AVING / Ment of Company  Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00