

L13000099176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA
CLERK OF STATE

J. SAULSBERRY
EXAMINER

OCT 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sweetfinger 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:

Clifton Wright

Name of Person

Firm/Company

8384 N Missionwood Cir

Address

Miramar, Fl, 33023

City/State and Zip Code

cliftonwright126@aol.com

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

For further information concerning this matter, please call:

Clifton Wright

Name of Person

at (**954**) **432-1789**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 DEPARTMENT OF STATE
 MAIL SERVICES DIVISION

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

SWEETFINGER 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 07/12/2013 and assigned Florida document number L13000099176.

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 end with 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)

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FLORIDA
CLERK OF STATE

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Clifton Wright</u>	<u>8384 N MISSIONWOOD CIR</u>	<input checked="" type="checkbox"/> Add
		<u>Miramar, FL 33025</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Kevin A. Wright</u>	<u>8384 N MISSIONWOOD CIR</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33025</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

Dated October 8, 2013

Clifton Wright

Signature of a member or authorized representative of a member

Clifton Wright

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF MICHIGAN
SECRETARY OF STATE

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