13000112126

(Requestor's Name) (Address)	
(Address)	900252
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/17/13
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	NOV 21 201





713309

--01024--027 **60.00

13 1E

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2013

JANICE DORN 8000 MACINNER DR. E. JACKSONVILLE, FL 32244

SUBJECT: WORLD WIDE CATERING AND EVENT PLANNERS LLC

Ref. Number: L13000112126

We have received your document for WORLD WIDE CATERING AND EVENT PLANNERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 913A00024417

2913 NOV 20 ARI (5): 08

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: WOF	1 Wide C Name of Limited	atering and for diability Company	Event Planners
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
_	Janice	C DORN N Name of Person	15
r	voridwide	Catering and t	Event planners
_	8000 M	acinaci Dr. E	
_	Jackson	City/State and Zlp Code	44 23 3
_1	MS Janie & E-mail address: (to	be used for future annual report polification	J. Con 131 150 20
For further information conce	rning this matter, please cal	II:	
Jan: ce Name of Pers	DORN	at (904) 382-3 Area Code & Daytime Telep	234 25 phone Number 2 8
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1\$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Wide Catering and Funt Planners 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 5, 2013 and assigned Florida document number L136001121216.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limit	ted liability company here:	
World Wide Caters as	nd Event Planne	ersLLC
The new name must be distinguishable and end with the word		
"L.L.C."		-
	Ö a Yha	
Enter new principal offices address, if applicable:	8000 Ma	Cinnes Dr. East
(Principal office address MUST BE A STREET ADDR	ESS) Jackson	ville, 71.
		72244
		S = 200 T V T
Enter new mailing address, if applicable:		10 mm
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Mutting duaress MAT BE A FOST OFFICE BUA)		(C) =+ (c)
B. If amending the registered agent and/or registe	ered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
N n 1 1000 111		
New Registered Office Address:		T
	Enter Flori	da 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 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 Title **Name** <u>Address</u> **Type of Action** Eugene E Dorn III 8000 Macinnes DR. E Add Jacksonville, 7/32244 VRemove MGR Gina L. Jenkins lo 620 Delta Post De West Add Jacksonville, 7/32244 DRemove Candace L. Smart 8000 Macing v. Dr. East Add MAGR Jacksonville, 7/1224 Remove Janice Dorn 8000 Macinger DKE HAdd Jackson 11 1 32244 Remove

Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- Thorid Wile Caters and Event planners LLC
Please amend The Name from
"Catering to Caters"
Ma other changes For the Nanz
Dated \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
'\
- Name Dan
Signature of a member or authorized representative of a member
1 Tanice Doon
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

2313 MBY 20 MM ID: 08

A SECOND