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COVER LETTER

TO: Registration Section **Division of Corporations** ALLEN 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: SASHA REID Name of Person ALLEN CATERING Firm/Company PO BOX 693251 Address MIAMI FLORIDA, 33269 City/State and Zip Code ALLENCATERING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SASHA REID Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

□ \$25.00 Filing Fee

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

■ \$30.00 Filing Fee &

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STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(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

ALLEN CATERING LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000046825</u> .	nny were filed on <u>3/21/14</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	,,,		
• • •			
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		<u></u>	
	·	8 7	
Enter new mailing address, if applicable:		Sizes are	
•		- 1 3 3 3 3 3 3 3 3 3 	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on our records, en		
registered agent and/or the new registered office address h	<u>nere</u> :		
			
N (N D) / 14			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	TN 2		
·	, Florida	Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title <u>Name</u> **Address** SASHA REID 17821 MYRTLE LAKE DR **MGR** MIAMI GARDENS FL, Remove 33056. □ Add ☐ Remove □ Add ☐ Remove Remove C ☐ Remove ☐ Remove

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Filing Fee: \$25.00

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