

L14000182578

Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BASIL CATERING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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14 AUG -6 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 AUG -6 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTN: TAMMY

860-617-6381

8/6/2014 8:29:05 AM PAGE 1/001 Fax Server



August 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BASIL CATERING LLC
1850 NW 84 AVE
SUITE 116
MIAMI, FL 33126

SUBJECT: BASIL CATERING LLC
REF: L14000080389

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

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.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000182578
Letter Number: 214A00016798

P.O BOX 6327 - Tallahassee, Florida 32314

all in
6030
Tammy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2014

BASIL CATERING LLC
1850 NW 84 AVE
SUITE 116
MIAMI, FL 33126

SUBJECT: BASIL CATERING LLC
REF: L14000080389

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000182578
Letter Number: 014A00016675

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STATE
TALLAHASSEE, FLORIDA



August 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BASIL CATERING LLC
1850 NW 84 AVE
SUITE 116
MIAMI, FL 33126

SUBJECT: BASIL CATERING LLC
REF: L14000080389

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton
Regulatory Specialist III

FAX And. #: H14000182578
Letter Number: 614A00016558

RECEIVED
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TALLAHASSEE, FLORIDA

H 14000182578

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

BASIL 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 May 19, 2014
Florida document number L14000080389

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BASIL PERSONAL CHEF LLC

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)

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: Evelyn Chaponick

New Registered Office Address: 1470 NW 107 Avenue Suite E

Enter Florida street address

Miami

City

Florida 33126

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Ivan S. Lopez	1850 NW 84 Avenue	<input type="checkbox"/> Add
		Suite 116	<input checked="" type="checkbox"/> Remove
		Miami, FL 33126	
MGR	Luciano Zucki	1850 NW 84 Avenue	<input checked="" type="checkbox"/> Add
		Suite 116	<input type="checkbox"/> Remove
		Miami, FL 33126	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG - 11 11:53 AM
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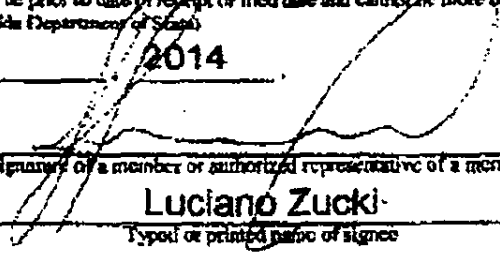
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12. If summarizing any other information, enter changes) here: (attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 30th 2014



Signature of a member or authorized representative of a member
Luciano Zucki
Typed or printed name of signer

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TALLAHASSEE FLORIDA

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