1500056286

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(Cit	ry/State/Zip/Phon	e #)
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2015 SEP-9 PM 1: 37
SECRETARY OF STAIL.

K.SALY EXAMINER SEP 14 2015

COVER LETTER

•	gistration Sec vision of Corp			
SUBJECT:	Catering Cu	arator, LLC		
Sobdi, CT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fec(s) are sub	mitted for filing.	•
Please return	all correspor	ndence concerning this matter	to the following:	
		Christopher Hawkins		
			Name of Person	*************************************
		Awesome Delivery		
			Firm/Company	
		6505 Chelsea St		
			Address	· -
		Pensacola, FL 32506		
			City/State and Zip Code	
		mail@awesomedelivery.com		
		·	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Christopher	Hawkins		850 281-5513	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 SEP-9 PM 1:3

Catering Curator, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L15000056286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Awesome Delivery, LLC The new name must be distinguishable and contain 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: New Registered Office Address: 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cheyanne Geist	131 Ponderosa Lane	Add
		Gray, LA 70359	Remove
			☐ Change
MGR	Terry Wilson	70040 9th St	■ Add
		Covington, LA 70433	□ Remove
			Change
			Add
			Remove
	,		Zinge T
			Add Remove
			TO Remove
 			
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change

FEI/EIN Number: 47-35842	276	
Christopher M. Hawkins wil	•	_
Chad Allen will be 25% MG	JR	_
Cheyanne Geist will be 25%	6 MGR	_
Terry Wilson will be 25% M	AGR TOTAL TO	-
		, -
	\$55.7. \$5.7.	0 -9
	L'AS	_
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effective date is listed, the date mu e: If the date inserted in this b	te date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 clock does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	5.020 ted a
record specifies a delaye ne 90th day after the rec	ed effective date, but not an effective time, at 12:01 a.m. on the earl cord is filed.	ier (
September 01	2015	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00