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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	KRAVE CA	TERING LLC		
ocoule i.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		CARLOS M GONZALEZ	FALCON	
			Name of Person	
			Firm/Company	
		13700 NW 97 AVE B		•
			Address	
		HIALEAH, FL 33018		
		FALCONSTARS@YAHOO		
			to be used for future annual report notifi	ication)
For further is	nformation co	ncerning this matter, please ca	all:	
CARLOS M GONZALEZ FALCON			786 4877872 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 I	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:

TO:

Registration Section

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

KRAVE 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 FLORIDA and assigned Florida document number __L15000081308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FALCON STAR, 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: 13700 NW 97 AVE (Principal office address MUST BE A STREET ADDRESS) HIALEAH, FL 33018 Enter new mailing address, if applicable: **SAME** (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: CARLOS M GONZALEZ FALCON Name of New Registered Agent: 13700 NW 97 AVE 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

HIALEAH

If Changing Registered Agent Signature of New Registered Agent

Florida $\frac{33018}{}$

Page 1 of 3\square

"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> **Name Address Type of Action** CARLOS M GONZALEZ FALCON MGR 13700 NW 97 AVE, HIALEAH FL Add Add ☐ Remove ☐ Change AMBR ANTONIO MDIAZ 13700 NW 97 AVE HIALEAH, FL & Antonio Diace Remove □ Change □ Add □ Remove ☐ Change □ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00