

10/20/2016

Division of Corporations

L15000161470

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORCALBER SERVICES INC
Account Number : I20150000098
Phone : (305)713-9142
Fax Number : (815)550-9948

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PROKITCHENCARE@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRO KITCHEN CARE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

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Corporate Filing Menu

Help

D. SCOTT

OCT 21 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO KITCHEN CARE SERVICES 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 10/20/2016 and assigned Florida document number L15000161470.

This amendment is submitted to amend the following:

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

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)

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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:

ROBERTO RIVERA

New Registered Office Address:

686 NW 114TH AVE APT 201

Enter Florida street address

MIAMI

City

Florida 33172

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.

Roberto Rivera
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>PS</u>	<u>CAROLINA DIAZ</u>	<u>686 NW 114 AVE</u>	<input type="checkbox"/> Add
		<u>APT 201</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI, FL 33172</u>	
<u>MGR</u>	<u>ROBERTO RIVERA</u>	<u>686 NW 114 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>APT 201</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33172</u>	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

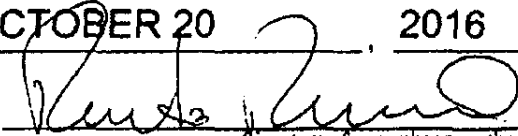
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 OCTOBER 20, 2016



Signature of a member or authorized representative of a member

ROBERTO RIVERA

Typed or printed name of signee

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Filing Fee: \$25.00

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