h15000172423

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodullent Humber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/07/21--01031--005 ++25.00

JSD1



July 2, 2021

TIMOTHY CALHOON 132 S. KENTUCKY AVENUE LAKELAND, FL 33801

SUBJECT: FRESCO'S DOWNTOWN, LLC

Ref. Number: L15000172423

We have received your document for FRESCO'S DOWNTOWN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott Document Specialist II

RECFIVED

Letter Number: 221A00015220

COVER LETTER

TO: Regis Divis	stration Sec ion of Corp	ction porations		
	FRESCOS I	DOWNTOWN. LLC	.ā·	·
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed .	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		TIMOTHY CALHOON		
		·	Name of Person	
		413 HOSPITALTIY GRO	UP, INC	
			Firm/Company	•
		132 S KENTUCKY AVER	NUE	
			Address	
		LAKELAND, FLORIDA	33801	-
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		TIM@FRESCOSLAKELA		
			to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please of	all:	
тімотну С	CALHOON		863 683.5267 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	Division of Corporations	
	. Box 632		The Centre of	Tallahassee oe Street, Suite 810
l al	ianassee, l	FL 32314	2413 N. MOH	oc succi, suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESCOS DOWNTOWN, 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 10/09/2015 _____ and assigned Florida document number L15000172423 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRESCOS CATERING & EVENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___, Florida ___

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

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
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			
			DAdd
			□ Remove
			Change
			□Add
			□Remove
			□ Change
		No.	□Remove
			□ Change
			□ Add
			□Remove
			□ Change

	
_	
5.00 ·	
Note: 1	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	JULY 13 2021
	-
	Signature of a member or authorized representative of a member
	TIMOTHY J CALHOON
	Typed or printed name of signee

Filing Fee: \$25.00