

L16000134386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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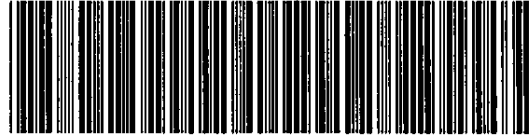
(Business Entity Name)

(Document Number)

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AUG 29 2016

S. YOUNG

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TALLAHASSEE, FLORIDA  
16 AUG 26 PM 11:04

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Corporate Caterers Grab N Go Market LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Cardinale  
Name of Person

Firm/Company

4250 Galt Ocean Dr. Unit PH-P  
Address

Fort Lauderdale FL 33308  
City/State and Zip Code

chefpc.5@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Cardinale  
Name of Person

at ( 954 )  
Area Code

945-2385  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

16 AUG 26 PM 11:04  
STATE OF FLORIDA  
TALLAHASSEE

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

Island Corporate Caterers Grab N Go Market 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 07/18/2016 and assigned  
Florida document number 81-3327763.

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 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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

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>	<u>Address</u>	<u>Type of Action</u>
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<u>Member</u>	<u>Patrick Cardinale</u>	<u>4250 Galt Ocean Dr</u> <u>Unit PHP Fort Lauderdale FL 33309</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
--	--	--	--

<u>Member</u>	<u>Ku Castano</u>	<u>7200 NW 2nd Ave #83</u> <u>Boca Raton FL 33487</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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<u>Member</u>	<u>Carlos Ortiz</u>	<u>920 NW 80th Terrace</u> <u>Margate, FL 33063</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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<u>Member</u>	<u>Michael Boethe</u>	<u>119 Raven CT</u> <u>Royal Palm Beach, FL 33411</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We like to change Titles  
from owners to Members. All  
other information is the same

16 AUG 26 PM 11:04

CLERK OF COURT  
DEPT. OF STATE

E. Effective date, if other than the date of filing: 08/22/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

08/22/2016

Patrick Cardinale

Signature of a member or authorized representative of a member

Patrick Cardinale

Typed or printed name of signee