

L16 000147293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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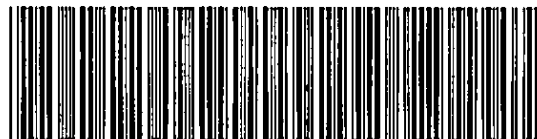
(Business Entity Name)

(Document Number)

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OCT 5 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASTA Chef Catering, 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:

Mishele H. Sileo
Name of Person

Pasta Chef Catering, LLC
Firm/Company

PO BOX 14353
Address

St. Petersburg, FL 33733
City/State and Zip Code

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

For further information concerning this matter, please call:

Mishele H. Sileo at (352) 398-9936
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

PASTA chef catering

(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 8/18/16 and assigned
Florida document number L16000147293

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)

3135 1ST AVE N.

St # 14353

St. Petersburg, FL 33733

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 14353

St. Petersburg, FL
33733

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:

Mishele H. Sileo

New Registered Office Address:

3135 1ST AVE N, # 14353

Enter Florida street address

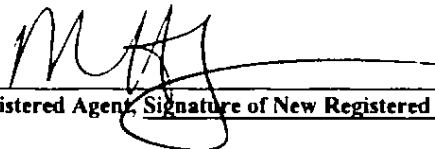
St. Petersburg, Florida 33733

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>
mgr	Michael Woods	2920 Alt 19	<input type="checkbox"/> Add
		# 20	<input checked="" type="checkbox"/> Remove
		Dunedin, FL 34698	<input type="checkbox"/> Change
mgr	Mishele H. Sileo	3135 1 st Ave N,	<input checked="" type="checkbox"/> Add
		# 14353	<input type="checkbox"/> Remove
		St. Petersburg, FL 33738	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NEW FLORIDA EIN # 32-0692045

NEW FLORIDA BUSINESS License # CAT6215811


E. Effective date, if other than the date of filing: 2 July 2022 (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 2 July, 2022.


Signature of a member or authorized representative of a member

Michael Woods
Typed or printed name of signee

2022 JUL -8 PM 12:16
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA