L16000170118

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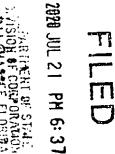


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COVER LETTER

TO:

TO: Registration S Division of Co			
	I'S CARIBBEAN RESTAURA	NT AND CATERING, LLC	
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	MARSOLU		
		Firm/Company	
	63 RYBERRY DR		
		Address	
	PALM COAST / FLORID	A / 32164	
	SERVICE@MARSOLU.C	City/State and Zip Code	
	•	to be used for future annual report notifi	cation)
For further information (concerning this matter, please c	all:	
MARSOLU		386 986-9758	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYLVAIN'S CARIBBEAN RESTAURANT AND C		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re	cords.)
(71) Torrau Dimiou	Diagnity Company,	
The Articles of Organization for this Limited Liability Company	were filed on 09/12/2016	and assigned
Florida document number L16000170118		SCH P
Profita document number		言語
This amendment is submitted to amend the following:		R 6: 31
A. If amending name, enter the new name of the limited liab	oility company here:	4 000 -
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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>	Address	Type of Action
CEO	LEWIN RICHARDS	16 LEMAY PLACE	= Add
		PALM COAST, FL, 32137	□Remove
			Change
CEO	MARCIA A. RICHARDS	16 LEMAY PLACE	≣ Add
		PALM COAST, FL, 32137	□Remove
		;	Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			🗖 Add
			🗖 Remove
			Change
			Remove
			□ Change

				
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Effective date, if other than the date (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prick does not meet the appl	licable statutory filing re	(optional) than 90 days after filing.) Pursuant (equirements, this date will not b	to 605.0207 (3 e listed as th
ne record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. on	he earlier of: (b) The 90th day	after the
Dated JULY 15	. 2020			
/ 1000000000000000000000000000000000000				
Leuvhana S	Senature of a member or au	thorized representative of	i member	_

A Company

Filing Fee: \$25.00