

L16000191016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RM CATERING SERVICES 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:

VERCINGETORIX ROSARIO MEJIA

Name of Person

RM CATERING SERVICES LLC

Firm/Company

151 SW 134 WAY APT N301

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

MR.TORIX@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERCINGETORIX ROSARIO MEJIA

786

7818924

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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

RM CATERING 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 10/17/2016 and assigned
Florida document number L16000191016.

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)

151 SW 134 WAY

APT N301

PEMBROKE PINES, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 MIRACLE MILE

SUITE 206

CORAL GABLES, FL 33134

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:

VERCINGETORIX ROSARIO MEJIA

New Registered Office Address:

151 SW 134 WAY APT N301

Enter Florida street address

PEMBROKE PINES

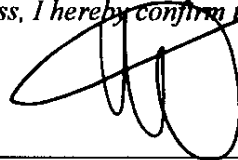
City

Florida 33027

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>
AMBR	VERCINGETORIX ROSARIO MEJIA	151 SW 134 WAY	<input type="checkbox"/> Add
		APT N301	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change
MGR	VERCINGETORIX ROSARIO RAMIAEZ	591 NW 208 CIRCLE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Remove
			<input checked="" 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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WASHINGTON, D.C. 20535

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.

Dated _____

VERONSEYORIO ROSARIO M
Typed or printed name of signee