

**L17000022889**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**FILED**

2018 OCT 15 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 PM 10:31h

*CTF  
Amend  
10-23-18*

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alicia's 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:

Trent D. Sanchez

Name of Person

Alicia's Catering L L C

Firm/Company

1346 Dupree Grade Rd

Address

Immokalee, FL 34142

City/State and Zip Code

abiga56@yahoo.com

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

For further information concerning this matter, please call:

Trent Sanchez

Name of Person

at ( 239 )

Area Code

(239)-657-7866

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

FILED

2018 OCT 15 AM 10:17

Alicia's Catering LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

10-11-18

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L17000022889.

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:

Trent D. Sanchez

New Registered Office Address:

1346 Dupree Grade Rd

*Enter Florida street address*

Immokalee

*City*

Florida

34142

*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.*

*Trent D Sanchez*

**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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|------------------------------|-----------------------------|--|
| <u>AMBR</u>  | <u>Trent Douglas Sanchez</u> | <u>1346 Dupree Grade Rd</u> | <input checked="" type="checkbox"/> Add    |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>April Sanchez</u>         | <u>1346 Dupree Grade Rd</u> | <input type="checkbox"/> Add               |
|              |                              |                             | <input checked="" type="checkbox"/> Remove |
|              |                              |                             | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Adan Sanchez Jr.</u>      | <u>1346 Dupree Grade Rd</u> | <input type="checkbox"/> Add               |
|              |                              |                             | <input checked="" type="checkbox"/> Remove |
|              |                              |                             | <input type="checkbox"/> Change            |
|              |                              |                             | <input type="checkbox"/> Add               |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |
|              |                              |                             | <input type="checkbox"/> Add               |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <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.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 10-11-18 (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 10-11-18

Trent D. Sanchez  
Signature of a member or authorized representative of a member

Trent D. Sanchez

Typed or printed name of signee