117000119946

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Enacy Harrie)	
(Document Number)	
Certified Copies Certificates of Status	š
Special Instructions to Filing Officer:	
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OCT 09 2019





September 11, 2019

JS&M CATERING LLC 5007 N HIATUS RD SUNRISE, FL 33351

SUBJECT: JS&M CATERING LLC

Ref. Number: L17000119946

We have received your document for JS&M CATERING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Your entity is LLC so you can not use INC suffix

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00011369

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

139M Catering	LLC
(Name of the Limited Liability Comba (A Florida Limited I	iny as it now appears on our records.) Liability Company)
	74 01 2017
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L170001199+4</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	NENTS LC." Ity Company, "the designation "L.L.C."
	5007 N HistieRd
Enter new principal offices address, if applicable:	G. 10 Harys 16
(Principal office address MUST BE A STREET ADDRESS)	Dunise +1 20001
Enter new mailing address, if applicable:	5007 N Hiatris Kd
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise FL 33351
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	
	2019
Name of New Registered Agent:	T P
New Registered Office Address:	
1. tew steg swords of the state state.	Enter Florida street address
	Florida
	City Zip Cote
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

Page 1 of 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
	•	· .	□ Remove
			Change
			Add
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			Remove
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			□ Change

Effec	ive date, if other than the date of filing: (optional)
Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	90th day after the record is filed.
	7/11/19 A
Dated	
	Signature of a member of authorized representative of a member
	/ /
	SHERLIE METELLUS

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Filing Fee: \$25.00