117000167476

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| | E SEASONS CATERING LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | f Amendment and fee(s) are sub ondence concerning this matter | - | |
| | STANLEY F. FORTUNE | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1050 NE 158 ST | | |
| | NORTH MIAMI BEACH | Address | |
| | _ | City/State and Zip Code | |
| | STANLEY_FORTUNE@Y E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please c | all: | |
| STANLEY F. FORTUN | NE | 786 340-8421 at () | |
| Name (| of Person | Area Code Daytine | Telephone Number |
| Enclosed is a check for t | 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) |
| MAII | ING ADDRESS: | STRFFT/COURI | FR ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FORTUNE SEASONS CATERING | G LLC | |
|---|--|--------------------------|
| (Name of the Limite | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia | ability Company were filed on 08/07/2017 | and assigned |
| Florida document number 1.17000167476 | · | |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREE) | TADDRESS) | |
| | | |
| | | \$L: ALI 17 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE I | BON) | |
| | | <u> </u> |
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| | or registered office address on our records, <u>en</u> | iter the name-of the ne |
| registered agent and/or the new registered off | <u>ice address here</u> : | ت ن |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid: | |
| | 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> | Type of Action |
|--------------|-------------------|--------------------------------------|----------------|
| MGR | STANLEY F FORTUNE | 1050 NE 158 ST | = Add |
| | | NORTH MIAMI BEACH, FL 3316 2 | Remove |
| | | | □ Change |
| MGR | RICKARDO PIERRE | 1050 NE 158 ST | Add |
| | | NORTH MIAMI BEACH, FL 331 6 2 | Remove |
| | | | Change |
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| ective date, if other than the effective date is listed, the date mu | e date of filing: | | (opt | ional) |
| reflective date is listed, the date mu te: If the date inserted in this b | st be specific and cannot lock does not meet the | be prior to date of filing applicable statutory | or more than 90 days afte filing requirements, th | r filing.) Pursuant to 605.0 is date will not be listed |
| cument's effective date on the E | | | . | |
| | | | | |
| record specifies a delaye he 90th day after the rec | | ut not an effecti | ve time, at 12:01 | a.m. on the earlie |
| the sour day after the rec | .ord is med. | | | |
| OCT. 02 | 2017 | 1 | | |
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Filing Fee: \$25.00