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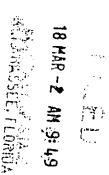
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Renaissance Catering Wagon 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:
Sohn Fleming, 31, Name of Person
Firm/Company
3292 70th Way N; Address
St. Peters burg, FL 33710 City/State and Zip Code Sohn & renwagon, com Il-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sohn Firming, 57, at (727) 225-1364 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Kenai 65ance Cate (<u>Name of the Limite</u>	ring was	son LLC,	nanda S		
(Name of the Limite	A Florida Limited I	ny as it now appears on our r Liability Company)	ecoras.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 17000192</u>		were filed on $9/15/1$	17	and as	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
<u> </u>		·			
Big 50hn's Catering L. The new name must be distinguishable and contain the wo	ords "Limited Liabil				
Enter new principal offices address, if applica	ıble:	some as orgin	nal filing		<u></u>
Principal office address MUST BE A STREE	[ADDRESS]				
Fatou acou mailine adduses if conficebles		same as orgin	al filina		
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE I</i>	20 V)			<u>~</u>	
Muning address WAT BE A FOST OFFICE I	<u> </u>		Control of the state of the sta	MAR.	मध्य द
			45,5 45,5 45 101,7	1	p set
B. If amending the registered agent and/oregistered agent and/or the new registered off	•		cords, enter the	JK	of the new
Name of New Registered Agent:	NIA			9: 4.9	·
	NIA				
New Registered Office Address:	70/1/	Enter Florida street d	address		
	NIA		Florida <i>N/A</i>		
		Ciţi	_, Florida <i>N/A</i> Z	ip 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
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Page 3 of 3

Filing Fee: \$25.00