# 117000221994

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SWPLT B'S CATEVING 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:
Elizabeth L. Graham-Hall Name of Person
727-NW2nd-Street
Fort Lauderdale FL 33311
Sweetbscatcing ICO Amail. Con E-mail address: (topoe used for butture annual report notification)
For further information concerning this matter, please call:
El12abeth Grahan - Hall at (751) 422-5763  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status \$\Certified Copy \\ (additional copy is enclosed) \$\Certified Copy \

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

SUPET B'S ALLVING LLC

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

(A Florida Limited Liability Company)

ation for this Limited Liability Company were filed on 10-26-1
or L17000221994

The Articles of Organization for this Limited Liability Company were filed on 10-26-17 and assigned Florida document number 17000221994 and assigned Florida document number Li 7000221994 and assigned Florida 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 "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new 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:

New Registered Office Address:

Enter Florida street address

Florida

#### 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	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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	tive date, if other than the date of filing: $0-26-17$ (ontional)	
(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.	)207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ment's effective date on the Department of State's records.	d as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	r of:
(0) 11		
Date	a November 13th, 2pt	

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Filing Fee: \$25.00