# L17000229928

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#### FILING CANCELLED RETURNED CHECK



#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## FILING CANCELLED RETURNED CHECK

DYNAMIO SUBJECT:	C FOOD CATERING SERVIC	CE LLC	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOMINICK R PLATERO	OTI	
	- 10	Name of Person	
		Firm/Company	
	5836 NW 42ND LN		
Address  COCONUT CREEK FLORIDA 33073			
	DOMINICK_PLATEROT	І@ҮАНОО.СОМ	
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
DOMINCIK R PLATEI	ROTI	954 592-8265 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION FILING CANCELLED

## RETURNED CHECK

DYNAMIC FOOD CATERING SERVICE LLC

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

The Articles of Organization for this Limited Liability C	Company were filed on NOVEMBER 7, 2017 and assigned
Florida document number L17000229928	<del></del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	tited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new Iress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Negligiered Villee Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is cd office address, I hereby confirm that the limited liability

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

### FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	DOMINICK R PLATEROTI	5836 NW 42ND LN	Add
		COCONUT CREEK	☐ Remove
		FL 33073	Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Q.dd
			☐ Remove
		·	Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:  (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 60:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb.  Dated  Signature of a member or authorized representative of a member	LED	FILING CANO
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		Dated
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Filing Fee: \$25.00