## L18000037179

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## **COVER LETTER**

TO: Registration Sec Division of Corp		سر سے	<b></b>
SUBJECT:	BOON CATE	ERING LLC	~
Sobacci.		nited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Humb	erto Padron Name of Person	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	BOOM	CATERING LL	<u>c</u>
		Firm/Company	
	230 SW 2	23rd Rd	
		Address	<del></del>
	MIAU	i FL 33129	
		City/State and Zip Code	<del></del>
	Mpa E-mail address: (	droy @ ME . com	vetification)
For further information co	ncerning this matter, please c	·	onication)
Humberto	Padron	at (786) 239	6733
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
<b> ■</b> \$25.00 Filling 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:		Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration So Division of Co		Registration S Division of C	
P.O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B00 M		LC	際と	11
(Name of the Limited L (A F	iability Company as it now appo lorida Limited Liability Company	ears on our records.)	2	m
The Articles of Organization for this Limited Liabil	ity Company were filed on	02/09	18 and assi	igned
Florida document numberL18 000037	179			
This amendment is submitted to amend the following	ng:			J
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or	the abbreviation "L.I	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
	<u> </u>			
B. If amending the registered agent and/or regist	ered office address on our	records, enter the	name of the new	registered
agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
_				
New Registered Office Address:	Faran El	orida street address	<del>-</del>	
	enter pa	n wa street daaress		
	City	, Florida	aZio Code	
	(211)		ZID COHP	

## 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 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
AMBR	PADRON, Humberto	830 SW 23rd Rd	□Add
		Miami FL 33129	□Remove
			l <b>⊈Ć</b> hange
AMBR	PADRON, Valeria	230 SW 23rd Rd	□Add
		Miami FL 33129	□Remove
			( Change
4MBR	Padron, MorAbiA	830 SW 23rd Rd	(LAdd
		Mirmi FL 33129	□Remove
			Change
			🗆 Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effec √ote: 11	ve date, if other than the date of filing:	207 as
record I is file		ıe
ated _	Joly 15 2020	
	Signature of a member or authorized representative of a member	
	signature of a member objection representative of a member	