118000180005

(Requestor's Name)
(Address)
(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: .





400319768364

10/18/18--01845--018 **\$8.00

FILED 59



October 29, 2018

SHARI L BURANONDHA 4299 STRIKER PL MIDDLEBURG, FL 32068

SUBJECT: "WHAT'S COOKING?" CATERING AND EVENTS, LLC

Ref. Number: L18000180005

We have received your document for "WHAT'S COOKING?" CATERING AND EVENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you're not changing the name on section A application, please revise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00022283

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

· ·		3 - 1 2.		
The Articles of Organization for this Limited Liabi Florida document numberL	lity Company う グ ゆー	were filed on $\frac{\mathcal{J}}{5}$	My 26,2016	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liab	ility company here	:	
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		4299 STREKER PURCE MIDDLEBURG, FLOREDA "32068		
(Principal office address MUST BE A STREET A	(DDRESS)	MIDDLER	ENRO, FUN.	4DA 3246E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>X)</u>		ether An	
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SHARY.	LEE BURY	ANDUATA	
New Registered Office Address:	4299 9		PUAUE street address	····
_	JUOJIM	LTBUYCG City	, Florida	3LJUS 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.

Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

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>		Address	Type of Action
M <u>ER</u>	SHAPET LEE 1	BURANDNIDHA	4299 STREWLER PLACE	
			MIDDUEBURE, FLOREDA	☐ Remove
			32008	Change
AMBR	ALL	AWSTA	4299 STRILLER PLACE	bAdd
	(WG	ither)	MIDDUEGURG, EWILIDA	r⊋ □ Remove
			32,468	□ Chañge
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				© Remove
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				□ Change
				D Add
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				Change
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_h	MR PUEASE ADD ON THAT I AM THE
	MANAGOR PRENCAPLE PERSON OF THIS
	ACCOUNT PUSO PUEASE CHANGE THE ADDRE
	TO THE WIMPANY I WOULD ALSO LEKE TO
<u>_</u> f	FOD THE EINH TO MY RECORDS.
	SUMMARY:
_	MANAGER PRENCEPUE: SHARE LEE BURANOND
	ADDRESS CHANGE: 4299 STRAKER PLACE
	MIDDUBURG, GORIDA 321
	PHONE: 347-243-1360 5:
_	
	EIN # ! 83-2077043 "5
effect	e date, if other than the date of filing:
e <u>:</u> II Imen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list it's effective date on the Department of State's records.
$\alpha c \alpha$	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.
eco ne 9	
ne 9	nother as any
ne 9	OCTOBER 05. 2018.
he 9	OCTOBER 05. 2013. Signature was prember or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00