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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 OCT 18 5 16 59

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11/7/18DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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OCT 30 2018
B.S.D.

2018 NOV -5 PM 1:26

"WHAT'S WORKING?" CATHERINE AND EVENTS LLC

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHARLENE BURANDIHA	4299 STRICKER PLACE	<input checked="" type="checkbox"/> Add
		MIDDLETOWN, FLORIDA	<input type="checkbox"/> Remove
		32008	<input type="checkbox"/> Change
AMBR	ALICE AOSTA (MOTHER)	4299 STRICKER PLACE	<input checked="" type="checkbox"/> Add
		MIDDLETOWN, FLORIDA	<input type="checkbox"/> Remove
		32008	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE ADD ON THAT I AM THE
MANAGER / PRINCIPAL PERSON OF THIS
ACCOUNT. ALSO PLEASE CHANGE THE ADDRESS
TO THE COMPANY. I WOULD ALSO LIKE TO
ADD THE EIN# TO MY RECORDS.

SUMMARY:

MANAGER / PRINCIPAL: SHARE LEE BURANONDA

ADDRESS CHANGE: 4299 STRICKER PLACE

MIDDLEBURG, FLORIDA 32176

PHONE: 347-243-1340

EIN #: 83-2077043

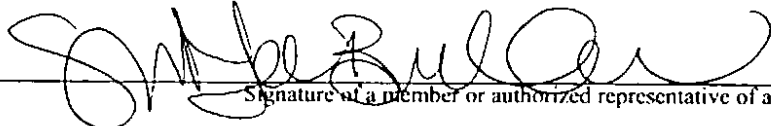
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 05, 2018.



Signature of a member or authorized representative of a member

SHARE LEE BURANONDA

Typed or printed name of signer