48000183307

(Requestor's Name)
(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.

Office Use Only



400423940034

02/16/24--01029--010 **30.00



COVER LETTER

. . .

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: SIMPLY Sophish Name of Limite	cated Catering ed Liability Company
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
Mouss Heiter	Name of Person Thew S Firm/Company
6930 nw	215th way Address
	City/State and Zip Code
E-mail address: (to	by Sopru Street edeatering LLC@ gmail. (om
For further information concerning this matter, please call	
MULI SSQ Pyle Name of Person	at (901) 364 1903 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Sophistico	ted Catering as it now appears on our records.)
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on <u>3118</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	6930nw 215thway Starke, Fl 32091
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	2
New Registered Office Address:	Enter Florida street address
	City 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.

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		: <u>'</u>	OGhange
			□र्श्वक ं
) ['	Remove 2
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change

			
-			
			
			(,) 70
			in or =
			-n-1-2
			m —
Effective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be specificated in this block does not meet.	ot be prior to date of filing one applicable statutory f	or more than 90 days after	nal) îling.) Pursuant to 605.020
	1000.		
document's effective date on the Department of State's erecord specifies a delayed effective date, but not an erd is filed.	fective time, at 12:01 a.		The 90th day after the
document's effective date on the Department of State's erecord specifies a delayed effective date, but not an erd is filed.	fective time, at 12:01 a.		The 90th day after the
e record specifies a delayed effective date, but not an error d is filed. Dated 12-14-23 Muss Signature of a membro	fective time, at 12:01 a.		The 90th day after the

Filing Fee: \$25.00