

L18000 196065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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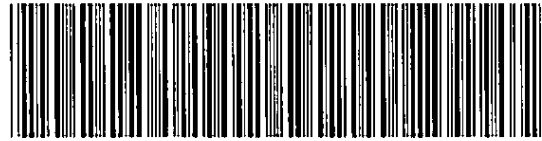
(Business Entity Name)

(Document Number)

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19 MAY 30 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2019

T SCHROEDER

RECEIVED 09/29/2018 09:55PM

From:

06/09/2019 14:56

#158 P.003/006

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **PALM BAY CATERING, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARIA SIRAGUSA**

\_\_\_\_\_  
Name of Person

**PALM BAY CATERING, LLC**

\_\_\_\_\_  
Firm/Company

**14505 COMMERCE WAY #500**

\_\_\_\_\_  
Address

**MIAMI LAKES FL 33016**

\_\_\_\_\_  
City/State and Zip Code

**mgonzalez@turnercpas.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIA SIRAGUSA**

**305 3770777**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
TO  
ARTICLES OF ORGANIZATION  
OF**

PALM BAY CATERING, 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 Company were filed on 08/16/2018 and assigned  
Florida document number L18000196065

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address


City

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

**From:**

#158 P.005/006

**MGR = Manager**  
**AMBR = Authorized Member**

[Change](#)

19 MAY 30 PM 12:13

ה'תש"ח

05/09/2019 14:56

#158 P.006/006

STANDARD  
TALL ASSISTANCE

19 MAY 30 PM 12:13  
STCOTLAND STATION  
TALLAHASSEE FLORIDA

750

(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.

(b) The 90th day after the record is filed.

**Dated** 05/09/2019

Signature of a member or authorized representative of a member

**MARIA SIRAGUSA**

Typed or printed name of signee