# L18000249203

(Red	uestor's Name)	
(1100	acsions mame,	
(Add	ress)	
DDA)	11622)	
		<del></del>
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
,	Ü	
1		

Office Use Only



800320775648

11/19/18--01010--024 \*\*25.00

Hello,

My name is David Rector, owner of The Hotdog Guy And Catering LLC.

I am trying to get my permit with the city and they needed some things changed on my sun biz. Ive tried to fill out the form accordingly but in case I haven't, here is what I needed done...

I need my personal name changed from Dave, to David.. I need the business address changed to 411 S Federal Hwy Boynton Beach, FL 33435
I just registered my DBA as The Hotdog Guy, but would like everything associated with that account to match this account.. Example, address and or mailing address.

Sorry for the confusion. This is my first time registering a business and going through the process..

If you have any questions or concerns, please do not hesitate to call me. 727-804-3687 is my personal cell phone

Thank you!

**David Rector** 

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Hordog Guy & CATERING L.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
DAVID RECTOR
The Hotava Guy HNA CATERING LLC
1530 W BOYNTON BEACH BLVA # 3252
BOYNTON DEAD FLA 33424-3252
NEARTORONTO 270 HUT MALL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (727) 804-3697  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \$\text{\$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \Bigcup \$\text{(additional copy is enclosed)} \Bigcup \$(additio

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 d Liability Company as it now appear A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 19000 2492 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:

#### 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

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Address **Type of Action** Name 6W0 □ Add \_□ Remove \_ Change ☐ Remove \_□ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	- (H) () [H]
	- HIRA
	T) APP
(H'an e <u>Note</u>	ctive date, if other than the date of filing:  (optional)  flective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after, the record is filed.
Date	Mon 9/18 1.
	Signature of a germer or authorized representative of a member
	March Rocard

Page 3 of 3

Filing Fee: \$25.00