

L190000 L23698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

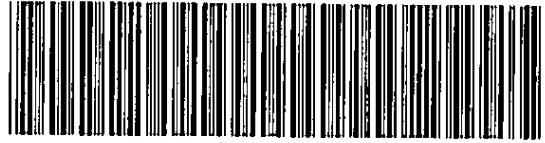
(Business Entity Name)

(Document Number)

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Amend

APR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fork U 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:

Ross Espinoza JR
Name of Person

Firm/Company

13231 N.W. 85 STREET
Address

MIAMI, FL 33182
City/State and Zip Code

RossESPI@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross Espinoza JR at 786 443-9068
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

Fork U CATERING LLC

The Articles of Organization for this Limited Liability Company were filed on 03/05/2019 and assigned Florida document number L19000063698.

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	ESPINOZA, ROSS, JR	13231 N.W 8 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33182	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	COHEN, JONATHAN	13700 S.W. 62 STREET APT 226	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

I POT PRES/V.P INSTEAD OF MGR/AMBR
I NEED THAT CORRECTED
THANK YOU

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

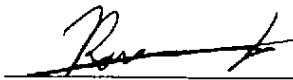
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

March 22, 2019



Signature of a member or authorized representative of a member

Ross ESPINOZA JR

Typed or printed name of signee