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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FANJUL CPA, INC.

Account Number : I20130000039

Phone Fax Number : (305)603-8791 : (877)503-6086

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIZJET CATERING LLC

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Help

JUL 12 2019

From: Robert Fanjul

Fax: 18775036086

Fax: (850) 617-6383

Page: 2 of 4

07/11/2019 9:33 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIZJET CATERING LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our record mited Liability Company)	dr)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/11/2019	and assigned
Florida document number L19000067638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		- <u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ze fort mann
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our record ss here:	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florula street addre	ess
	. F	'lorida
	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 Changing Registered Agent, Signature of New Registered Agent

r	a	m:	Ro	bert	Fan	iul

Fax: 18775036086

To:

Fax: (850) 617-6383

Page: 3 of 4

07/11/2019 9:33 AM

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
AR	VIRGINIA MENESES MUЛСА	15887 SW 16TH ST	
		PEMBROKE PINES, FL 33027	_
			■ Remove
			☐ Change
	MAICOOL A VELOZ	1170 NW 11TH STREET APT	
AMBR		614	Add
		MIAMI, FL 33136	
			Remove
			_
			□ Change
AMBR	OSWALDO GUEDEZ HERNANDEZ	15887 SW 16TH STREET	D 4.44
		PEMBROKE PINES, FL 33027	□ Add
		TIMBROWN THUM, 10 33027	🗖 Remove
			
			☐ Change
			Add
			☐ Remove
			Remove
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			□ Change
			□ Remove
			☐ Change

Robert Fanjul	Fax: 18775036086	To:		Fax: (850) 617-6383	Page: 4 of 4	07/11/2019 9:33 A
). If amending	any other inform	iation, enter chan	ge(s) here: 4	Attach additional si	neets, if necessary.)	
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E. Effective da	ite, if other than t	he date of filing:	nuet ha price to	data of filing or more th	(optional) ut 90 days after filing.) P	ursuunt to 605.00
Note: If the	date inserted in this	block does not mee Department of State	t the applicabl	e statutory filing requ	nirements, this date wi	ll not be listed as
If the record : (b) The 90th	specifies a delay anday after the r	red effective dat ecord is filed.	e, but not a	an effective time,	at 12:01 a.m. or	n the earlier o
ULY Dated	. 8	:	2019			
Datell		·	4 Ki	•		
			144	red representative of a n		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00