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SECRETARY OF STATE
TALLAHASSES

COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations				
	DENYVE O	CATERING SERVICES LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return :	all correspo	ndence concerning this matter	to the following:			
		Denold Jean Louis				
			Name of Person		_	
		DENYVE CATERING SE	RVICES LLC			
			Firm/Company		_	
		4784 N CONGRESS AVE	NUE#1150		2022 AUG 30 PM 3: 4 SECRETARY OF STATE TALLAHASSEE, FI	المتشت
			Address		A 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 8
		BOYNTON BEAH FL 33	426		O PI	911
			City/State and Zip Code		$\mathbb{F}_{\mathcal{S}}^{\mathcal{S}} \stackrel{\mathcal{A}}{\to} \mathbf{a}$	5
		info@denyvecatering.com		r	11 (A)	
			to be used for future annual report notif	ication)	•	
For further in	formation ci	oncerning this matter, please c	111:			
DENOLD JE	AN LOUIS		855 222-7007 at ()			
	Name of	f Person	Area Code Daytime	e Telephone Numb	er	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 Fi	iling Fee	☑ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status and Copy and copy is enclosed	
Reg Div P.O	ing Addres istration S ision of C . Box 632 ahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited L	Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/22/2019 and assigned
Florida document number L19000109475	
Torica document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4781 N CONGRESS AVENUE#1150
	BOYNTON BEACH FL 33426
(Principal office address MUST BE A STREET ADDRESS)	
	4781 N CONGRESS AVENUE#1150
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH FL 33426
	022 A
	L A UG
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new rew
agent and/or the new registered office address here:	Mag se in
	To G
Name of New Registered Agent:	
New Registered Office Address:	,,, _
	Enter Florida street address
	. Florida

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.

City

Zip Code

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
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ument's effective date o	n the Department of	State's records.				
cord specifies a delayed	effective date, but no	ot an effective ti	me, at 12:01 a.r	n, on the earlier	of: (b) The 9	0th day afte
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