

L19000268017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

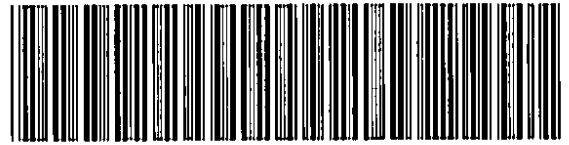
(Business Entity Name)

(Document Number)

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2020 JAN -8 PM 2:07

R. WHITE  
FEB 06 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

Extremebite Catering & Design LLC

**SUBJECT:** \_\_\_\_\_  
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:

Elmaria Thompson

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

Extremebite Catering & Design LLC

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

1870 NW 163rd Street

\_\_\_\_\_  
Address

Miami Gardens, Florida 33054

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

extremebite27@gmail.com

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

For further information concerning this matter, please call:

Elmaria Thompson

305

926-6812

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Extremebite Catering & Design LLC

2020 JUN -8 PM 1:36

(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 10/25/2019 and assigned  
Florida document number L19000268017.

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 "L.L.C."

**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: Elmaria V. Thompson  
New Registered Office Address: 1870 NW 163rd Street  
*Enter Florida street address*  
Miami Gardens, Florida 33054  
*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

**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          | Elmaria V. Thompson | 1870 NW 163 Street | <input checked="" type="checkbox"/> Add |
| _____        | _____               | _____              | <input type="checkbox"/> Remove         |
| _____        | _____               | _____              | <input type="checkbox"/> Change         |
| _____        | _____               | _____              | <input type="checkbox"/> Add            |
| _____        | _____               | _____              | <input type="checkbox"/> Remove         |
| _____        | _____               | _____              | <input type="checkbox"/> Change         |
| _____        | _____               | _____              | <input type="checkbox"/> Add            |
| _____        | _____               | _____              | <input type="checkbox"/> Remove         |
| _____        | _____               | _____              | <input type="checkbox"/> Change         |
| _____        | _____               | _____              | <input type="checkbox"/> Add            |
| _____        | _____               | _____              | <input type="checkbox"/> Remove         |
| _____        | _____               | _____              | <input type="checkbox"/> Change         |
| _____        | _____               | _____              | <input type="checkbox"/> Add            |
| _____        | _____               | _____              | <input type="checkbox"/> Remove         |
| _____        | _____               | _____              | <input type="checkbox"/> Change         |

