

L19 000 280463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

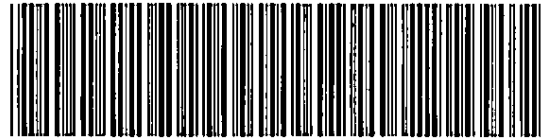
(Business Entity Name)

(Document Number)

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2019 DEC 30 PM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN 28 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A la Carte Prep, 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:

Jamie Basson  
Name of Person

A la Carte Prep  
Firm/Company

2224 NE 19th Ave  
Address

Wilton Manors, FL 33305  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jamie at (732) 822-7483  
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**

\_\_\_\_\_  
(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 Nov 12 2019 and assigned Florida document number L19000280463.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

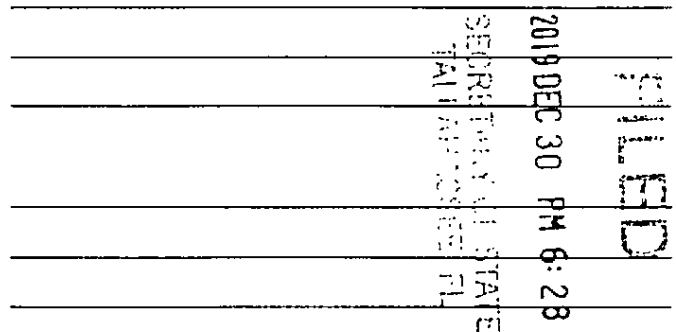
\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

JAMIE BESSON  
~~CHRISTOPHER BESSON~~

New Registered Office Address:

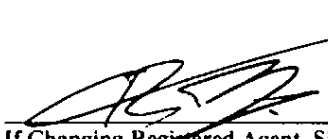
2224 NE 19th Ave

Enter Florida street address

Wilton Manors Florida 33305  
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>
<del>AMBR</del>	Christophe Besson	2227 <del>NE</del> NE 19 <sup>th</sup> Ave Wilton Manors, FL 33305	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jamie Besson	<del>Jamie</del> 2227 NE 19 <sup>th</sup> Ave Wilton Manors, FL 33305	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL  
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Add  
Remove  
Change  
Add

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

~~Just Summary~~ ~~Agent = Christopher~~  
~~Manager = Jamie~~

Christopher = AmBR  
Jamie = MGR / Reg. Agent

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TALLAHASSEE, FL

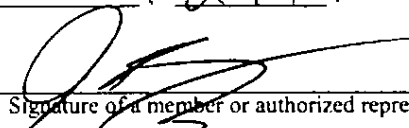
E. Effective date, if other than the date of filing: Nov 12, 2019 (optional)

(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 Dec 13, 2019

  
Signature of a member or authorized representative of a member

Jamie Benson  
Typed or printed name of signee