

L20000003552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

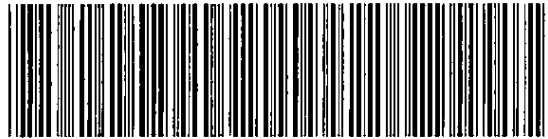
(Document Number)

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FILED  
2023 OCT -3 PM 4:54  
TALLAHASSEE, FL  
SEC. OF STATE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PS Caribbean Catering LLC

DOCUMENT NUMBER: L20000003552

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Perry Stewart

Name of Contact Person

PS Caribbean Catering LLC

Firm/ Company

13382 Lakepointe Cir

Address

Cooper City, Fla. 33330

City/ State and Zip Code

Perry@pscaribbeancatering.com

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

For further information concerning this matter, please call:

Perry Stewart

954

881.4022

at ( )

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  
Certificate of Status    Certified Copy    Certificate of Status  
(Additional copy is enclosed)    (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations

**Street Address**  
Amendment Section  
Division of Corporations

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 \_\_\_\_\_ and assigned  
Florida document number: \_\_\_\_\_

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

13382 Lakepointe Circle

Cooper City, FL 33330

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1975 E. Sunrise Blvd

STE 701-6

Fort Lauderdale, Fla 33304

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

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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[illegible]

(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 (605.0267) ...

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.

2023

Date: \_\_\_\_\_

**Petty Stewart:**

Typed or printed name of signee