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COVER LETTER

TO: Registration Section

SUBJECT: CROWN JEWEL CATERING, 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:

Henry Sanchez

Name of Person

FGSF. LLC

Firm/Company

90 SW 3rd Street Suite 3711

Address

Miami, FL. 33130

City/State and Zip Code

hs@fgsfmanagement.com

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

For further information concerning this matter, please call:

 Henry Sanchez
 at (_305_)
 785-5505

 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

		2621
CROWN JEWEL CATERING.	LLC	· _
(<u>Name of the Limited Liabj</u> (A Florid	lity Company ay it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on <u>3-6-2020</u>	and assigned
Florida document numberL20000074774	<u> </u>	+ 5: +
This amendment is submitted to amend the following:		-
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lu	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>(RESS)</u>	
Enter non mailing address if analisable.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST <u>OFFICE BOX</u>)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Florida	a 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

•

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR/AMBR	KKSHG CATERING, LLC	12180 SOUTH SHORE BLVD., SUITE 101A WELLINGTON, FL. 33414	Xadd
			🗆 Remove
			[]Change
		<u></u>	🖸 Add
			🗌 Remove
			∐Change
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			[] Remove
			🗆 Change
			IAdd
			DRemove
			[] Change

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

 -	

E. Effective date, if other than the date of filing: ______ (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)

(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) <u>Note:</u> 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	June 6th,	1 1020	
		Lungelluhu	
		Signatur of member or rathorized representative of a vember Henry Sanchez	
		Typed or printed name of signee	

Filing Fee: \$25.00