LZO 0000 94627

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COVER LETTER

Division of Cor			
LAURA'S (CATERING SERVICE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LAURA P. DELGADO SI	LVERA	
		Name of Person	·- -
	LAURA'S CATERING SE	ERVICE LLC	
		Firm/Company	
	9839 KAMENA CIRCLE		
		Address	
	BOYNTON BEACH, FL.	33436	
		City/State and Zip Code	
	lauraservicelle@gmail.com	to be used for future annual report no	titication)
For further information c	oncerning this matter, please ca		
LAURA P. DELAGO SI	LVERA	754 232-6600	
Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for th	ne 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

LAURA'S CATERING SERVICE			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited L	_	were filed on 04/01/2020	and assigned
Florida document number 1.20000094627			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
LAURA'S SERVICE LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9839 KAMENA CIRCLE	
(Principal office address MUST BE A STREET ADDRES		BOYNTON BEACH, FL.	33436
			20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9839 KAMENA CIRCLE	
		BOYNTON BEACH, FL.	33436 PO
			=:
			ंत
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>er</u>	ater the name of the new-regist
Name of New Registered Agent:	LAURA P DELGADO SILVERA		
New Registered Office Address:	9839 KAMEN	A CIRCLE	
		Enter Florida street ac	ddress
	BOYNTON BI	EACH	, Florida ³³⁴³⁶
		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.

of 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Remove
			□ Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			Change

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ffective date, if other than the data are effective date is listed, the date must be some. If the date inserted in this block document's effective date on the Department.	ite of filing: c specific and cannot be prio c does not meet the appli	cable statutory filing requ	(optional) an 90 days after filing.) Pursuant pirements, this date will not l	. to 605.0207 (be listed as t
record specifies a delayed effective d f is filed.	ate, but not an effective t	time, at 12:01 a.m. on the	carlier of: (b) The 90th da	y after the
pated FEBRUARY 27	2021			
1 die Doll	grature of a member or auti	norized representative of a r	nember	
راد (* /ا سم د	snature or a member or auti	ionzeu representative of a t	re most	
V				

Filing Fee: \$25.00