

L 20000104690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Patricia Easley
gave authorization
to correct application
dec 4/30

Office Use Only



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04/16/20--01004--010 **30.00

FILED
Apr 30, 2020 08:00 AM
Secretary of State

APR 30 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pat's Pta Soul Food Plates 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:

FILED
Apr 30, 2020 08:00 AM
Secretary of State

Patricia Easley
Name of Person

Pat's Soul Food Plates LLC
Firm/Company

2800 Somerset Dr. J100
Address

Lauderdale Lakes FL 33311
City/State and Zip Code

Pat'sFPplates@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Easley at (561) 305-9202
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

FILED
Apr 30, 2020 08:00 AM
Secretary of State

Pat's Soul Food Plate's LLC

(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 4/1/2020 and assigned
Florida document number L200000104690

This amendment is submitted to amend the following:

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

Pat's Soul Food Plate's LLC

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**)

1531 Hammonville Rd
Pompano Beach FL 33069

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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>
<u>mgr</u>	<u>Patricia Easley</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>mgr</u>	<u>Kiyah Armstrong</u>	<u>2900 Somerset Dr</u>	<input checked="" type="checkbox"/> Add
		<u>S 100</u>	<input type="checkbox"/> Remove
		<u>Lauderdale Lakes, FL</u>	<input type="checkbox"/> Change
		<u>33311</u>	
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

Social Security Administration Retirement, Survivors, and Disability Insurance

Important Information

Mid-Atlantic Program
Service Center
300 Spring Garden Street
Philadelphia, Pennsylvania 19123-2992
Date: March 24, 2020
BNC#: 20M1597F28310-W



0000528 00001584 1 MB 0.439 0319MECTR2PI T13 P3



PATRICIA EASLEY
2800 SOMERSET DR
APT 100
LAUDERDALE LAKES FL 33311-9303



We plan to reduce your Social Security payments to \$1,136.60 in April 2016 because we used the wrong primary insurance amount when we calculated your benefits. We are correcting your benefit amount from April 2016 to the present.

IF You Disagree With The Decision

Please tell us within 10 days of the date of this letter if you disagree with the decision. You will also need to give us any proof you have to show that what we were told is wrong.

If you let us know within 10 days that you disagree with the decision, we will not reduce your checks. We will continue to pay you while we review your case to see if you are right. However, if you are wrong we will ask you to pay back any money you received that was not due.

If we do not hear from you within 10 days, we will reduce your checks. We will send you another letter at that time with more information about our action.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-253-4720. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

SEE NEXT PAGE

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