## L20000192604

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## **COVER LETTER**

TO:

FO: Registration Se Division of Cor				
4 Course C	Catering			
UBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jovan Pruitt			
		Name of Person		
	4 Course Catering LLC			
		Firm/Company	<del></del>	
	3250 sw 65th Ave			
		Address	<del>_</del>	
	Miramar, Florida 33023			
		City/State and Zip Code		
	4coursecatering4@gmail.			
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please or	all:		
Jovan Pruitt		754 4656168		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	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		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of C		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 At 1:27 PH 12: 56 4 Course Catering (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 July 7, 2020 and assigned Florida document number L20000192604 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: New Registered Office Address: Enter Florida street address

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>	Address 2020 A11427 P1142457	Type of Action
MGR	Jovan Pruitt	3250 sw 65th ave Miramar, FI 33023	■Add
			□Remove
			□Change
AMBR Shane Clarke	Shane Clarke	1771 sw 120th terr Miramar, Fl 33025	<b></b>
			□Remove
		<del> </del>	□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			🗀 Add
			Remove
			□Change

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effective date is listed, the date must been 1f the date inserted in this block	late of filing:(optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be listed
2 CC 1 1 D	partment of State's records.
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	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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cord specifies a delayed effective s filed.	

Filing Fee: \$25.00