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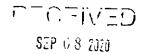
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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			,
SUBJECT: LOC	CAL WORLD C	ATTRING LLC ited Liability Company	-
<u></u>	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	_	
	MICHA	EL KOTIS Name of Person	
	m K0775		
		Firm/Company	-
	122 LAKE	CONSTANCE DR.	
	WHST PALM	BHACH FL 334 City/State and Zip Code	11
	ARKANIE E-mail address: (1	City/State and Zip Code 9 ADL. COM to be used for future annual report notifi	relephone Number 5 2
For further information e	oncerning this matter, please co		- 8
MICHAEL K	OTIS	at (<u>Jb/</u>) <u>b 4 4</u> Area Code Daytime	4929 5
			Oi
Enclosed is a check for the	•		
\$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 Addres		Street Address:	Al Au
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD CATERING		
(Name of the Limited Liability Com (A Florida Limite	<u>рапу as it now appears on ou</u> d Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{2200023680}{}$	ny were filed on <u>8/5</u>	$\frac{120/20}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lize LDCAL WORLD CATERIN		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020 SI
Enter new mailing address, if applicable:		(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u>, o</u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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	Type of Action
n 6 R	ZEYNEL GUNDVZ	9884 ORANDF PARK TRAIL BOCARATON FL 33428	□Add
		Brest Ville	□Remove
		DULY MIDDLE NAME CHANGE	X Change
			□Add
			□Remove
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		TALKE	2026 SEP
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fective date, if other than the date of filing:		(n	ptional)		
n effective date is listed, the date must be specific and cannot be prio te: If the date inserted in this block does not meet the applie	or to date of filing o	r more than 90 days a	ifter filing.) Pu		
cument's effective date on the Department of State's records		mg requirements.	tins date wit	T INTE	inice ii.
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12:01 a.i	n, on the earlier of	f (b) The 9	0th day a	fter the
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