

L20000237123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

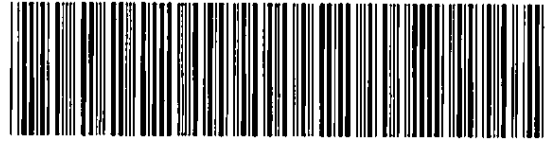
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

2024 NOV -7 AM 8:30

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Registration Section  
Division of Corporations

Diana Maria Claxton, LLC

01/11/07

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:

Patricia D. Gerard

Name of Person

Firm/Company

6038 NW 23rd Street, Unit 8

Address

Miami, Florida 33023

City/State and Zip Code

ps.gerard80@gmail.com

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

For further information concerning this matter, please call:

Brancon D. Gerard

213 824 8111

a. ( )

Name of Person

Area Code

Daytime Telephone Number

The enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Cert. Ficate of Status

\$55.00 Filing Fee &  
Cert. Fed Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Cert. Ficate of Status &  
Cert. Fed Copy  
(additional copy is enclosed)

M/E 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

Dama Mama Catering, LLC

2024 NOV -7 AM 8:30

~~(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 8/6/2020 and assigned  
Florida document number: L20000237123

TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Dama Catering LLC, & Food Truck

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 office 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:

3068 SW 23RD STREET UNIT 8

*Enter Florida street address*

Miramar

*City*

Florida

*State*

33023

*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 an existing Authorized Person(s) authorized to manage, either the title, name, and address of each person being added or removed from our records:

MGR :: Manager

AMCBR :: Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Blank lined area for recording information.

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ALLAHUSSEI, FLORIDA

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11. Effective date, if other than the date of filing: 11/5/2024 (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)  
Note: 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 11/5/2024

*Patricia St-Gerard*

Signature of a member or authorized representative of a member

Patricia St-Gerard

Type or printed name of signer