

L20 000 378 035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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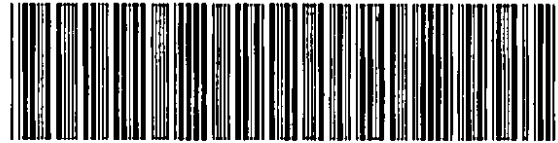
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 22 CATERING GROUP, 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:

JACQUELINE SALCINES, ESQ.

Name of Person

JACQUELINE SALCINES, PA

Firm/Company

706 S DIXIE HIGHWAY 2ND FLOOR

Address

CORAL GABLES FL 33146

City/State and Zip Code

J.SALCINES@SALCINESLAW.COM

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

For further information concerning this matter, please call:

JACQUELINE SALCINES

Name of Person

305

at ()
Area Code

669-5280

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**

22 CATERING GROUP, 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 12/03/20 and assigned
Florida document number 120000378035.

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

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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

[illegible]

RESIGNATION

I, MATIAS TORRES-PINZON, HEREBY TENDER THIS MY RESIGNATION
AS MANAGER MEMBER AND MEMBER OF 22 CATERING GROUP D/B/A 22
GOURMET KITCHEN, EFFECTIVE IMMEDIATELY.

I DO NOT EXPECT THE RETURN OF ANY CAPITAL OF ANY FUNDS
PLACED WITH THE COMPANY FOR MY RELEASE OF MY SHARES
INCLUDING THE \$14,000.00 REMITTED, AND FURTHER ASSUME ANY AND
ALL DEBT INCURRED BY ME AND ON MY BEHALF WITH THE COMPANY.

DATED THIS 2 DAY OF SEPTEMBER 2021

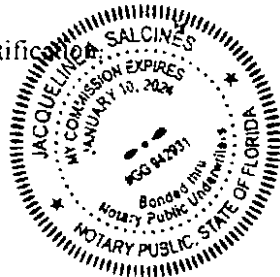
MATIAS TORRES PINZON

ACKNOWLEDGEMENT

State of Florida)

County of Miami Dade)

Sworn to and subscribed before me this 2 day of September 2021 by Matias
Torres Pinzon who is personally known or produced FL Dmv. license as
identification



[Signature]
NOTARY PUBLIC