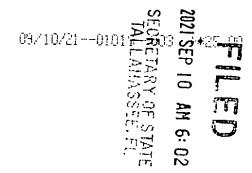
120000378035

(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:

Office Use Only



600373053276



COVER LETTER

	tegistration Section (Section)					
		22 CATERING GROUP, LLC				
SUBJEC	r:	Name of Limite	d Liability Company			
The enclo	sed Articles of A	mendment and fee(s) are subm	itted for filing.			
Please ret	um all correspon	dence concerning this matter to	the following:			
		JACQUELINE SALCINES.	ESQ.			
			Name of Person			
		JACQUELINE SALCINES.	, PA			
			Firm/Company	-		
706 S DIXIE HIGHWAY 2ND FLOOR						
			.\ddress			
		CORAL GABLES FL 3314	16			
		-	City/State and Zip Code	 -		
		J.SALCINES@\$ALCINESI	.AW.COM	antions!		
			o be used for future annual report notifi	Carron		
For furth	ner information co	oncerning this matter, please ca	all:			
JACQUELINE SALCINES		305 669-5280 at ()				
	Name o	[Person	Area Code Daytine	Telephone Number		
Enclose	d is a check for th	ne following amount:				
	i.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sc Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	porations "allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 CATERING GROUP, LLC (Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 12/03/20 Florida document number 12/00/03/78035	and assigned
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S 2
(Principal office address MUST BE A STREET ADDRESS)	T SEP
Enter new mailing address, if applicable:	ARY UE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recordagent and/or the new registered office address here:	ds, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s	treet address
	, Florida
Cuv	24. 23

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>	Name	Address	Type of Action
MGR	MATIAS TORRES PINZON	7715 NW 48 STREET 385	
		MIAMI, FL 33166	≡ Remove
			⊡Add
			□Remove
			□Change
			□Add
			CRemove
			☐Change
			□Add
			□Remove
			Change
			Remove
			Change
·			
			□Remove
			Change

_	
_	
_	
Effectiv	e date, if other than the date of filing: SEPTEMBER 2, 2021 (optional)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docume	nt's effective date on the Department of State's records.
العمصم	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 specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
	d.
ord is file	/ 1
e record and is file	Sandan tea A 2004
rd is file	September 2 2021
ne record ord is file Dated _	September 2 2021 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

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 Drv. Ucern as

identification SALCINES

MADRIES

MONOTORIS BOOK STREET

MONOTORIS SALCINES

MONOTORIS

NOTARY PUBLIC