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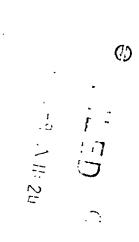
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divisio	on of Corp	orations					
M	IC Catering	g LLC .					
SUBJECT: _		Name of Lim	ited Liability Company				
The enclosed A	rticles of z	Amendment and fee(s) are sub	mitted for filing.				
Please return al	l correspoi	ndence concerning this matter	to the following:				
		Irving Uncyk					
			Name of Person				
			Firm/Company				
		18341 NW 10th Street					
		N 1 1 15 17 2202	Address				
		Pembroke Pines, FL 33029					
		uncykepa@aol.com	City/State and Zip Code				
		E-mail address: (to be used for future annual r	eport notification)			C.
For further info	rmation co	oncerning this matter, please c	all:			-	,
Irving Uncyk			954 322- at ()	-1120			
	Name of	Person	Area Code	Daytime Telepho	me Number	9 A II	17
Enclosed is a cl	neck for th	e following amount:				: 24	
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 File Certificate Certified ((additional of	ing Fee, e of Stati Copy	us &
	ig Address stration S		<u>Street Ad</u> Registra	dress: tion Section			
Divis	ion of Co	orporations	Division	of Corporatio			
P ()	Box 6321	1	The Cen	itre of Tallahas	Sec		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC CATERING LLC	
	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000150635</u> .	npany were filed on April 16, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u>SS)</u>
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Afri Vis
	Q_D
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida; Zin 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>	Name	Address	Type of Action
AMBR	Marina Cittadino	18341 NW 10th Street, Pembroke Pines, FL 33029	= Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
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ctive date, if other than the date of filing:	; (optional)
effective date is listed, the date must be specific and cannot be prior to date of file: If the date inserted in this block does not meet the applicable statute ment's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.0
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	01 a.m. on the earlier of: (b) The 90th day after t
d 6-20-2021 Q Church Signature of a member or authorized representations.	

Typed or printed name of signee