# 00018904

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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Division of C		•	<b>3</b>
SUBJECT:	Chaled N Name of Lim	Jay Catering ited Liability Company	LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Deanna	Pc++++ Name of Person	
	De Pakea	Way cateri	ng Lic
	4210 Galli	More St Address	
	orlando	City/State and Zip Code	<del>.</del>
	Denna Pe	Hit Count Co	Dication)
For further information	n concerning this matter, please co	all:	
Deon	a Pettit	at ( <u>HOT</u> ) <u>le lo C</u> Area Code Daytime	1-9764 e Telephone Number
Enclosed is a check fo	r the following amount:		
区\$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

iability Company as it now appears on our

lorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-23-31 Florida document number <u>L21000189045</u> 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 "LLC." 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 City 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 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
	Virenzae Newell	4210 Gallimore St	
		orlando Florida	i Remove
		32811	□Change
HABR	Deanra Pettit	4210 Gallimore St	<u> E</u> Add
		orlando florida	□Remove
		3281	□Change
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an effective dat ote: If the da	e, if other than the te is listed, the date mus ate inserted in this blacetive date on the De	t be specific and ock does not m	cannot be prior to eet the applica		nore than 90 days		
record specifi is filed.	es a delayed effectiv	e date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	n day after the
ated <u>lo-L</u>	1-21 Jeonie	Signature of a n	acmber or author	ized representative	e of a member		
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