

121 000274640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

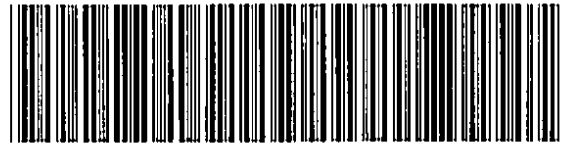
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zippi Catering  
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:

Zenaida Z Cruz  
Name of Person

Zippi Catering  
Firm/Company

310 SW 14th Street  
Address

Dania 1 FL, 33004  
City/State and Zip Code

Zenaida - Cruz 24@yahoo.com  
E-mail address: (to be used for future annual report notification)

2021 JUN 7 11:24 AM

FILED

For further information concerning this matter, please call:

Zenaida Cruz at (786) 546 6515  
Name of Person Area Code 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**

Zippi Catering

(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 June 14, 2021 and assigned Florida document number L21000274640.

This amendment is submitted to amend the following:

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

Zippi Catering, LLC

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*

*City*

**Florida**

*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 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**

[illegible]

Case	Initial	Final	Operation
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
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10			<input type="checkbox"/> Add
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12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there is a vertical margin line, creating a narrow right margin. A small portion of a yellowed page from the reverse side is visible at the top edge. The paper appears to be part of a notebook or binder.

Effective date, if other than the date of filing: \_\_\_\_\_ (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) \_\_\_\_\_

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 June 14, 2021 . \_\_\_\_\_

Signature of a member of author

Signature of a member or authorized representative of a member

Zenaida I Civil  
Typed or printed name of

Typed or printed name of signee

**Filing Fee: \$25.00**