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SECRETARY OF STATE

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COVER LETTER

Division of Corp	porations		
SUBJECT:	THING BUT LO Name of Lim	ove CC aited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KELY DE	E JESVS Name of Person	
		Firm/Company	
	109 NW 1	35 TH AVE # 102 Address	
	PLANTATION,	FL 33325 City/State and Zip Code LOVE CATERING to be used for future annual report notifications.	
	NoTHING BUT E-mail address: (LOVE CATERING to be used for future annual report notified	GMAIL. COM
For further information co	oncerning this matter, please c		
KELY DE J	(SV)	at (<u>1446</u>) <u>240 - 0</u> Area Code Daytime	0195
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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)

TO:

Registration Section

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

NoTHING BUT LE	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $8/15/202/$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The annual to distinguished and a second state of the second seco	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
the new name must be distinguishable and contain the words "Lim	nited Liability Company. the designation "LEC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	2021 SEC
Enter new mailing address, if applicable:	SEP T
(Mailing address MAY BE A POST OFFICE BOX)	Sit is
	5° =
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new Registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	Cuy Zıp 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

<u>Title</u>	Name	Address	Type of Action
MGR	KEWDEJESUS	109 NW 135 HAVE \$102 PLANTATION, FL 33325	□Add
		PLANTATION, FL 33325	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effo lote:	ve date, if other than the date of filing:
record is file	d 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 ed.
ated _	AVGUST 27 ¹⁴ 2021
	Signature of a member or authorized representative of a member
	,