L21000416309

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COVER LETTER

	Registration Se Division of Cor			
CUDIE/		ering Co. LLC		
SUBJEC	.1: <u></u>	Name of Lim	nited Liability Company	
The engli	osad Adiolas af	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter	_	
		Karon Jordan		
			Name of Person	
		Jordan Catering Co LL.C		
			Firm/Company	.=
		709 SW 88th Ave # 328		
			Address	
		Pembroke Pines, FL 33025	5	
			City/State and Zip Code	 _
		operations.jordancateringco	-	
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
Karon Jo			954 240-0395	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25,0	OO 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 Addres Registration S		Street Address: Registration Se	ection
	Division of C	orporations	Division of Co	prporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jordan Catering Co. LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 21, 2021.	and assigned
Florida document number L21000416309		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1	~ ~ ~
(Principal office address MUST BE A STREET ADDRESS)		Fig. 2 4
		SSE S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		95 = 6
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	·*·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karon Jordan	PO BOX 245843 Pembroke Pines, FL 33024	= Add
			□ Remove
			□Change
	Tahithia Alcidas	PO BOX 245843 Pembroke Pines, FL 33024	□Add
			≡ Remove
			□Change
			🗆 Add
			□Remove
			incernove 28 20 20 20 20 20 20 20 20 20 20 20 20 20
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Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date of filing or molock does not meet the applicable statutory filing	requirements, this date will not be	e listed as
d is filed.	·		
October I Dated	2021		
- 1954 U	·		
K. jord	Signature of a member or authorized representative of	of a member	_