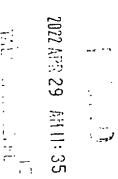
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COVER LETTER

Div	ision of Co	porations				
SUBJECT:	EZ CATERING LLC					
bobbler.		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Cheriane Zephy				
			Name of Person			
		EZ CATERING LLC				
	Firm/Company					
		709 SW 74th Ave				
		-	Address			
		North Lauderdale, FL 330	68			
			City/State and Zip Code			
		ezcatering22@gmail.com E-mail address: (to be used for future annual report notifi	ication)		
For further in	formation co	oncerning this matter, please co	all:			
Cheriane Zep	hy		954 829-5768 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 Fi	iling 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)		
	ing Address istration S		Street Address: Registration Sect	tion		

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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



2022 APR 29 AH 11: 35 EZ CATERING LLC (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 02/22/2022 ____ and assigned Florida document number L22000085220 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 "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 _, Florida ___

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Evans Zephy	709 SW 74th Ave	
		North Lauderdale, FL 33068	
			□ Change
MGR	Cheriane Zephy	709 SW 74th Ave	□Add
		North Lauderdale, FL 33068	□Remove
			🖻 Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Add
			□Remove
			[] Change
			□Remove
			□ Change

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r Hec If an ei	ive date, if other than the date of filing:
	the date discrete in this block does not incer the applicable statutory thing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
e reco rd is f	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 led.
Dated	
	,
	Signature of a member or authorized representative of a member
	Cheriane Zephy
	