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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
(,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	

Office Use Only

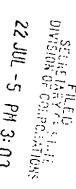


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S. CHATHAM

OCI - 4 2022



COVER LETTER

	Registration Se Division of Cor					
SHRIEC		D'S CATERING LLC				
SUBJEC	1:	Name of Lim	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Javionne Floyd				
			Name of Person			
		Big Floyds Catering				
			Firm/Company			
		1002 S Waldron Ave				
			Address			
		Avon Park, FL 33825				
			City/State and Zip Code			
		Jtloyd168@gmail.com				
		E-mail address: (to be used for future annual report no	otification)		
For furthe	er information c	oncerning this matter, please c	all:			
Javionne	Floyd		305 505-9603 at ()			
	Name o	l'Person	Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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 Addres Registration 5		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co	Division of Corporations			
	P.O. Box 632		The Centre of			
	Fallahassee, I	L 32314	Z413 IN. IVIONI	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Javionne Floyd	1002 S WAldron Ave	■Add
		Avon Park, Fl 33825	□Remove
			□Change
MGR	Jerome Evans	1730 N Fonda RD	≣ Add
		Avon Park, FL 33825	□Remove
			□Add
			□Remove
			□Change
			□Add
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n effective date is listed, the date rote: If the date inserted in this						
cument's effective date on the	Department of S	State's records.				
	North Annie State and		12.01.0	and the combine	rate that The Ott	the days after th
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. 25		2022				
ited June 27	-		·			
~ ~ ~ /	Signature of a					

Filing Fee: \$25.00