L22000248406

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corpor	rations			
SUBJECT: Private	ers Party & C	atering Services	LLC	
	Name of Limit	ed Liability Company		20
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.		2023 AUS 1 O
Please return all corresponde	ence concerning this matter t	o the following:		
	Andrew C	hido		
		Name of Person		
	Privateers	Group Firm/Company	LLC	·
	4301 5th	Ave N		
		Address		
	St. Peters	OUT 9 FL City/State and Zip Code	33713	3
	V	City/State and Zip Code		
-	Krewe w	Privateers of be used for future annual rej	100p.co	<u> </u>
			zit nouncation,	
For further information conc	erning this matter, please ca	ll:		
Brendan	Mc (afthy	at (727) 5	63-60=]
Name of Pe	rson	Area Code	Daytime Telephone	Number
Enclosed is a check for the f	ollowing amount:		u/	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) C	60.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)
Malling Address		Stroot Add		

Registration Section

TO:

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

2 1 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Privateors Partu & Caterin	a Socures LLC.
(Name of the Limited Liability Compan	9 Services LLC 9. av as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000248406</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Privateers Group LLC The new name must be distinguishable and contain the words "Limited Liabili	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	4301 5th Ave N St. Petersburg, FL 33713
(Principal office address MUST BE A STREET ADDRESS)	St. Peters burg, 1-L 3371)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Chido	4301 5th Ave N	ÞÍ Ádd
		St. Petersburg, FL 33713	□ Remove
			□Change
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		· . · · · · · · · · · · · · · · · · · ·	· ☐Add ☐Add ☐Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed.	he earlier of: (b) The 90th	day after the
Dated 8/4/2023 Printer McCall Signature of a member or authorized representative of a		
Signature of a member or authorized representative of a Brandan McCarly Typed or printed name of signee	a member	

Filing Fee: \$25.00