L22000379933

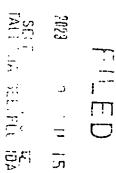
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COVER LETTER

TO:

Registration Section Division of Corporations

	Cattering LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Michael E Young					
		Name of Person				
	Mucklucie Cattering LLC					
		Firm/Company				
	966 SW Liberty Ave					
		Address				
	Port St. Lucie			ī _A s	25	
		City/State and Zip Code			7623	
	arrissa95@att.net			ş		ارفي
	E-mail address: (to be used for future annual report notif	ication)	رن . ان .	,	1
For further information of	concerning this matter, please c	all:		1		
Michael E Young		561 257-9967		;	=	
Name o	of Person	Area Code Daytimo	Telephone Number	D!	ייב	
Enclosed is a check for t	he following amount:					
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Statu		
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro- Tallahassee, FL	porations 'allahassee e Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mucklucie Catering LLC			_			
(Name of the Limited (A	Liability Comp: Florida Limited	iny as it now appears of Liability Company)	our records.)			
The Articles of Organization for this Limited Liabsellorida document number L22000379933		were filed on <u>08/30/</u>	2022	a	ınd assi	igned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
~ A						
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desig	nation "LLC" or the	abbrevia	tion "L.I	L.C.''
Enter new principal offices address, if applicable	le:	NA				
(Principal office address MUST BE A STREET	ADDRESS)			ಶ್ಯ		
					23	
			-	7		•
Entur navy mailing addrace, if applicables						
Enter new mailing address, if applicable:	15	€ /11/13		<u>[::</u>		
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>					
				<u> </u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our reco	rds, <u>enter the na</u>		அ he_new	registered
Name of New Registered Agent:	ndr					
New Registered Office Address:						
New Registered Office Frederess.		Enter Florida	street address			
			, Florida			
-		City	,	Zip	Code	
New Registered Agent's Signature, if changing Reg	istered Agent:					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete red agent as p istered office	performance of my provided for in Cha	duties, and I an pter 605, F.S. O	ī famili r, if thi:	ar with s docui	h and ment is
	م الم					

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	Michael E Young Sr	966 SW Liberty Avenue	\Add
_		Port St Lucie, FL	□Remove
		34953	□Change
			□Add
			□Remove
			□Change
			BAdd 7823 FALL
			Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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				<u> </u>		.	<u>.</u>
	if other than the dat is listed, the date must be e inserted in this block	te of tiling: specific and cam does not meet	the applicable st	of filing or more than	(option 90 days after til rements, this d	al) ing.) Pursuant ate will not b	to 605.0207 be listed as
ote: If the date	ctive date on the Depar						
ote: If the date ocument's effec- record specifies		ite, but not an e		12:01 a.m. on the	earlier of: (b)		
ote: If the date ocument's effective record specifies lis filed.	ctive date on the Depar s a delayed effective da		ffective time, at				
ote: If the date ocument's effective record specifies lis filed.	ctive date on the Depar s a delayed effective da		ffective time, at			The 90th day	
tote: If the date ocument's effect ocument occurrence o	ctive date on the Depar s a delayed effective da		ffective time, at			SPA SPA	
Note: If the date ocument's effect record specifies d is filed.	ctive date on the Depar s a delayed effective da		ffective time, at	epresentative of a me			