## L23000076465

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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#### **COVER LETTER**

SUBJECT: SWA	NI CATERING L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Arr Please return all corresponde		-	
	KAYLA	ANN POBINSON Name of Person	
	SWAN	CATERING LLC Firm/Company	<del></del>
	Po B	OX 42 Address	
	NEW S	City/State and Zip Code	32170-0042
-	E-mail address: (t	OBINSON CONTROL WY	tion)
For further information conc	terning this matter, please ca	all:	
KAYLA ROBLI Name of Pe	N St N erson	at (407) 255-5 Area Code Daytime T	A6 ( elephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	ction	Street Address: Registration Secti	on
Division of Con		Division of Corpo	

P.O. Box 6327

Registration Section Division of Corporations

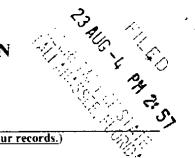
TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATERING L



(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 \_\_\_\_2/10/2023 and assigned Florida document number <u>L23000576465</u> 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 registere agent and/or the new registered office address here: 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 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	EAYLA ANN POBINSON	PO BOX 42 NEW SMYRNA BCH, F	<u>4</u> Ø∧dd 42
			Remove
			□Change
MGR	IAN ZACCO HILLIS	505 QUEENS MIRROR UPU CASSELBERIN, FL 3	E_□Add 2707
			ERemove
			Change
<u>.</u>			□Add
			□Remove
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		<u></u>	□Remove
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Note:	ive date, if other than the date of filing:
he recor ord is fi	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	7/17 , 2023.
	$\frac{7/17}{1}, \frac{2023}{1}$
	Signature of a member or authorized representative of a member
	Land a serie of contract
	Typed or printed name of signee

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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OF		4	4 K.
		<i>- 195</i> 0 .	° 😽 💝
SWAN CATE	-RING UC		Py .
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on oblity Company)	our records.)	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{21}{}$	0/2023	and assigned
Florida document number <u>L23000576465</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	<b>.</b>		
g neme; enter the new name of the minted habiti	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	<u> </u>	<del> </del>	
	Company," the designa	tion "LLC" or th	ne 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:	. Po	BOX 4	2
(Mailing address MAY BE A POST OFFICE BOX)			BEACH, FL
_			32170-0042
		· · ·	
B. If amending the registered agent and/or registered office add	lress on our record	s, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address here:			
N. C.Y. B. C. C.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	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 th 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

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SWAN CATER	ING LLC
Nar	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s	) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
KA	MUA ANN ROBINSON Name of Person
	Name of Person
	WAN CATERING U.C. Firm/Company
	rim/Company
<del></del>	20 BOX 42
	Address
N	EW SMYRNA BEACH, FL 32170-0042 City/State and Zip Code
E-mail a	A. ROBINSON CONLOCK LOWN  ddress: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
Lank a a - ·	
Name of Person	at (407) 255-5461  Area Code Daytime Telephone Number
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee  Certificate of St	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FAYLA ANN POBINSON	PO BOX 42 NEW SMYRNA BCH, F 32170-00	42 (Add
			□Remove
			🗆 Change
MGR.	IAN ZACCO HILLIS	CASSELBERIZY, FL 3	E_□Add 2707
			Remove
			□Change
			□Add
			□Remove
			□Change
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del>	
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**-	
an effective lote: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
record spec l is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	7/17 , 2023.
	Signature of a member or authorized representative of a member
	of definition of a member
_	Typed or printed name of signee
	Typed or printed name of signee