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COVER LETTER

TO: Registration S Division of Co		
HOSPILIT	Y FOOD SERVICE GROUP,	LLC
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	AUNDRE SCOTT	
		Name of Person
	MITRE ACCOUNTING &	k TAX SERVICES, LLC.
		Firm/Company
	1635 E HIGHWAY 50, ST	ГЕ 206
		Address
	CLERMONT, FL 34711	
		City/State and Zip Code
	taxes@mitreaccountingand E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	
AUNDRE SCOTT		352 242-9905
Name	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: 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

HOSPILITY FOOD SERVICE G	ROUP, LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Florida document number L23000092842			and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
HOSPITALITY FOOD SERVICE GROUP, LLC	:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE			
			<u> </u>
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address	ess nere.		
Name of New Registered Agent:	N/A		
Hame of New Registered Agent.	NI/A		
New Registered Office Address:	N/A	Enter Florida street addre	ss -
		***	,
		, F1	lorida Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	•	
I hereby accept the appointment as register		-	urther waree to comply with the
provisions of all statutes relative to the pro-	per and complete	performance of my duties, a	nd I am familiar with and
accept the obligations of my position as reg	istered 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	e address, I hereby confirm th	iat the limited liability

company has been notified in writing of this change.

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
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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		-	
			□Remove
			(T)Chunga

N/A				
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	he specific and cannot be prior ok does not meet the applic	to date of filing or more that to date of filing or more that	(optional) nan 90 days after filing.) Purs puirements, this date will	uant to 605.0207 anot be listed as t
e record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90t	h day after the
Dated	2023	·		
	Scholart			
5	ignature of a member or auth	orized representative of a	member	

Filing Fee: \$25.00