

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NAPTOWN FINEST CATERING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAVEN LOCKHART
Name of Person

NAPTOWN FINEST CATERING LLC
Firm/Company

5836 GAMBLE DRIVE
Address

ORLANDO FLORIDA 32808
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAVEN LOCKHART at (407) 7173501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NAPTOWN FINEST CATERING LLC

(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 05/03/2023 and assigned Florida document number L23000218246.

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)

618 E SOUTH STREET SUITE 100

ORLANDO FLORIDA

32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 MAR -9 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAVEN D LOCKHART

New Registered Office Address:

5836 GAMBLE DRIVE

Enter Florida street address

ORLANDO

Florida

32808

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 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.



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>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY S ROYSTER	5836 GAMBLE DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAVEN D LOCKHART	5836 GAMBLE DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REGISTERED AGENT SHOULD BE CHANGED FROM GREGORY ROYSTER TO RAVEN LOCKHART

PRINCIPAL ADDRESS SHOULD BE CHANGED FROM 5836 GAMBLE DR ORLANDO FLORIDA 32808
TO 618 E SOUTH STREET SUITE 100 ORLANDO FLORIDA 32801

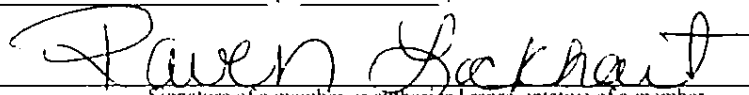
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEB. 22 2024


Signature of a member or authorized representative of a member

RAVEN D LOCKHART

Typed or printed name of signee

Filing Fee: \$25.00