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SECRETARY OF STATE TALL AHASSEE, FLORIDA



COVER LETTER

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TO:

Registration Section Division of Corporations

BĘBO'S CA' SUBJECT:	TERING LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	MINJIN, ALEKSANDRA						
		Name of Person					
	BEBO'S CATERING LLC	:					
		Firm/Company					
		Address					
	OOPER CITY, FL 33328						
		City/State and Zip Code					
	YD@HORTASASSOCIAT	ES,COM					
	E-mail address: (to be used for future annual report not	ification)				
For further information con	neerning this matter, please c	all:					
ALEKSANDRA MINJIN		÷1 7863810073					
Name of Person		Area Code Daytin	ne 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 Se	ection	<u>Street Address:</u> Registration Se					
Division of Co	<u>=</u>	Division of Co	•				
P.O. Box 6327 Tallahassee Fl		The Centre of 7	Fallahassee ne Street Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEBO'S 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 $\frac{05/03/2023}{1}$ and assigned 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan eft	If the date inserted in	n this block do	es not mee	et the applies	ible statutory	filing requir	ements, this	date will r	ot be lis	ted as
Note:	ent's effective date o	in the Departm	ent of Sta	te's records.						
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Typed or printed name of signee