

L24/000 226753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

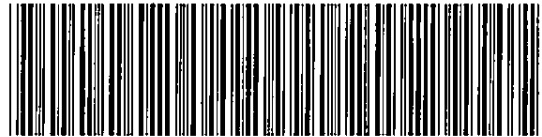
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/15/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & R LUXURY CATERING & MORE, 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:

AJJA WILLIAMS-COLE

Name of Person

A & R LUXURY CATERING & MORE

Firm/Company

3840 N 50TH STREET, STE 2000

Address

TAMPA, FL 33619

City/State and Zip Code

AJJA.WILLIAMSCOLE@HORUS-CS.COM

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

For further information concerning this matter, please call:

AJJA WILLIAMS-COLE

813

6480681

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL
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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]


115
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VICT STATE
UNIVERSITY FL

15 PM 2:13
STATE
HASSEE, FL

(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)

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.

July 8th, 2024



Signature of a member or authorized representative of a member

Aija Williams-Cole

Typed or printed name of signee

Signature of a member or authorized representative of a member

Aija Williams-Cole

Typed or printed name of signee

Filing Fee: \$25.00