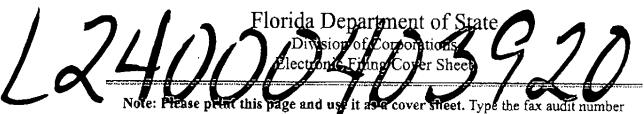
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931

Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROMPT CATERING III - FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 2.1 2025

## **COVER LETTER**

	gistration s vision of Co	erporations		
SUBJECT:	PROMPT	CATERING III - FLORIDA	LLC	
oopen.		Name of Li	mited Liability Company	
The enclosed	d Articles of	f Amendment and fee(s) are su	ibmitted for filing	
		ondence concerning this matte		
		ARONOVICH, ILONA		
			Name of Person	<del></del>
		PROMPT CATERING II	I - FLORIDA LLC	
			Firm/Company	
		1141 W MCNAB RD.		
			Address	<u> </u>
		POMPANO BEACH, FL	33069	
			City/State and Zip Code	<u> </u>
		dianabenenson@gn	IAIL.COM	
		E-mail address:	to be used for future annual	d report notification)
For further in	formation c	oncerning this matter, please o	all:	
ARONOVIC	H, ILONA		732 75	54-2079
	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		X
<b>■ \$</b> 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enc	Certificate of Status
	ing Address stration S		Street Ac	
		orporations		ation Section on of Corporations
	Box 6327			ntre of Tallahassee

2415 N. Monroe Street, Suite 810

1. E. E.

15.

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JAN 17 AM 9: 38
THE LAMASSIE TUBRIS.

- নু

## PROMPT CATERING III - FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the fol	_			
A. If amending name, enter the new name of	of the umited list	ollity company ber		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			**
·	<b>š</b>	:		
Enter new mailing address, if applicable:				
Malling address MAY BE A POST OFFICE				
e.r. e.c.	-	<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or a agent and/or the new registered office addre	egistered office a ss <u>here</u> :	eddress on our reco	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	street address	· · · · · · · · · · · · · · · · · · ·
			, Florida	
		Cin		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

357

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

April Artis

<u>Title</u>	Name	Address	Type of Action
AMBR	BENSON, DIANA	1141 W MCNAB RD.	<b>=</b> Add
		POMPANO BEACH, FL 33069	□ Remove
			□Change
AMBR	SANGINOV, KHURSHED	1141 W MCNAB RD.	<b>≣</b> Add
		POMPANO BEACH, FL 33069	□ Remove
		en de la companya de	□Change
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cument's effective date	on the Department	of State's records.	•		·
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<del></del>	Signature	of a member or authorized re	epresentative of a memb	Der	<del></del>

Filing Fee: \$25.00

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