# U5000174558

(Re	questor's Name)	
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SECRETARY OF STATE

MAY 1 9 2016 S. YOUNG

## **COVER LETTER**

Name of Limited Lie  The enclosed Articles of Amendment and fee(s) are submitted  Please return all correspondence concerning this matter to the	for filing.  following:  rate Utschi  Name of Person
Name of Limited Lie  The enclosed Articles of Amendment and fee(s) are submitted  Please return all correspondence concerning this matter to the	for filing.  following:  rate Utschi  Name of Person
Please return all correspondence concerning this matter to the	following:  rao Ultschi Name of Person
	rao Ultschi Name of Person
Eava	i,
	<b>→</b> >
	Firm/Company
1425	Firm/Company  Roun St. Suite"c"  Address
Sar	Address  10 50 to FL 34236  10 State and Zip Code
E-mail address: (to be use For further information concerning this matter, please call:	sed for future annual report notification)
Educarow Ueltschi Name of Person	at (941) 228-1245 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Area Code Daytime 1 elephone Number
\$25.00 Filing Fee \$\Bigcup \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

SARASOIN ITALIAN	FOOD PRODUCTION LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 000 17 4558</u> .  This amendment is submitted to amend the following:		_ and assigned
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	1936 Hill view St	
(Principal office address MUST BE A STREET ADDRESS)	Sarasoha FL 34739	2570
		SECTION ACTION
Enter new mailing addr <del>e</del> ss, if applicable:	1936 Hillarew St	RETARY AMASS
(Mailing address MAY BE A POST OFFICE BOX)	Sarasoha, FL 34239	<b>3</b> 5 5 5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Lip 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u> 116R11</u>	GIORGIO GUASTELLA	M75 Main Sr.	
		Sarasota, Fl 34736	☑ Remove
		<del></del>	Change
<u> 116RM</u>	MARINA GUASTELLA	1425 Main Sr	Add
		Sarasoho, FL 34736	⊠ Remove
			Hange SELARIA
716R17	CRISTINA DELLE MACCHIE	1475 Main Sr	
		Saroso ha FL 34736	⊠ Rémove
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			□ Add
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ocument's effective date on the	: Department of Sta	ate's records.			
			offective time	at 12∗01 a.m.	on the earlier
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The 90th day after the r	record is filed.	$\frac{2016}{}$	l enective time,	at 12.01 a.m.	
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Page 3 of 3

Filing Fee: \$25.00