



### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDIO PASTEL 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:

MARIA LORENA ROJAS

\_\_\_\_\_  
Name of Person

ELITE PREMIUM INC

\_\_\_\_\_  
Firm/Company

9445 SW 40TH STREET, SUITE 108

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33165

\_\_\_\_\_  
City/State and Zip Code

PREMIUMADVISER@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA LORENA ROJAS

305 804-4428

at ( )

\_\_\_\_\_  
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

MEDIO PASTEL 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 08/06/2020 and assigned Florida document number L20000238743.

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:

10600 NW 88TH STREET

(Principal office address MUST BE A STREET ADDRESS)

APT 216

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

10600 NW 88TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

APT 216

DORAL, FLORIDA 33178

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

2023 JUN 16 AM 9:42

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>
AMBR	PATRICIA N GUERRERO	10600 NW 88TH STREET	<input type="checkbox"/> Add
		APT 216	<input type="checkbox"/> Remove
		DORAL, FLORIDA 33178	<input checked="" type="checkbox"/> Change
AMBR	FEDERICO JOSE CIMAROLI	10600 NW 88TH STREET	<input checked="" type="checkbox"/> Add
		APT 216	<input type="checkbox"/> Remove
		DORAL, FLORIDA 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

