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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

O: Registration Sec Division of Corp				
UBJECT:	Pasta Di 1	3ern		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	_ Carmen N	Kana Rivera G	onzález	
	Posto	Firm/Company		
	<u>337 Gold</u>	Address	ircle Dwent fort	FL 3383°
	<u>O</u> u	1997 Port Port Port Port Port Port Port Port	3837	
	CVIVITA COMPT	o be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	ilt:		
Carmen Bu	pra Gonjálo	at (787) 340 Area Code Daytime	3116 e Telephone Number	
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

y as it now appears on our records.) ability Company)
vere filed on 9030 and assigned
ty Company," the designation "LLC" or the abbreviation "L.L.C."
237 Golden Sands <u>Circle Awentport FL</u> 33837
_ same
ddress on our records, enter the name of the new registered Character Congala Congala Congala Enter Florida sweet address City Tap 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

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 = Ma AMBR = Au	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
AP	Pedro Jose Urdal Piñel	o 337 Golden sonds circle	
		huentper FL 33837.	ARemove
			□ Change
MOR	Camer Maria Rivora 6	ongle 337 Goldon Sands	□Add
		Crole Daveniport FL 3383	<u>}</u> ⊕Remove
			□Change
4 MBR	Carmen Maria Rivera con	rzikz 237 Goldon Sand	<u>`</u> Br∕Add
		circle Daventport F2339	37 □Remove
			□Change
MGR	Paropose Orbit Pire	o 237 Coldonarious	[5kAdd
Ped	no Jose Vidal. Pineiro	0 237 COldon Sainas Circle Dunontport FL 3383	Remove
	, , , , , , , , , , , , , , , , , , , ,		Change
			□Add
			□Remove
		·	Change
			□Add
			□Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
(If an effect Note: If	date, if other than the date of filing: (optional) we 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case of the date on the Department of State's records.
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>(</u>	Signature of a member or authorized representative of a member
	Carmon Mana Rivera Consales Typed or printed name of signee