L08000112500

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Italian Feas			
SUBJECT:	Name of Lin	ited Liability Company	
Γhe enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	·
	Jennifer R Christiansen CI	'A	
		Name of Person	
	Safe Harbour Consulting I	LC	
		Firm/Company	
	125 W Indiantown Rd Suit		·
		Address	
	Jupiter FL 33458		
	cpajen@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	all:	
Jennifer R Christiansen		561 827-1507 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for t	he 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)
Ман	INC ADDRESS:	\$TDFET/COUDII	ED ADDDECC.

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Italian Feast LLC	•	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on December 9, 2008	and assigned
Florida document number L08000112500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	•
Guacamole LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DECC)	
Truncipui office unuress most be ASTREET ADE	/KE33/	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
	· , · ·	
	-	277
B. If amending the registered agent and/or registered	istered office address on our records, enter t	he name of the new
registered agent and/or the new registered office ad	dress here:	
		
Name of New Registered Agent:		6 P
Than of the Hegistered Agent.		7 X (1)
New Registered Office Address:		5 7 7
	Enter Florida street address	9 2
	, Florida	, a *
— 	City	7in 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
	•		Remove
			Change
			Add
			Remove
			☐ Change
****			□ Add
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			☐ Change
			☐ Add ←
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Page 3 of 3

Filing Fee: \$25.00