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SECRETA

D. SCOTT NOV 1 6 2016

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		2 GOURMET	LLC
	Name of Linut	ed Elability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	JOR	ge Budia Name of Person	
	Punto s	Firm/Company	LLC_
	7902 New	36 street, S	suite 7
	DOTAL,	City/State and Zip Code Source Chotmo De used for future annual report notifica	6
	Punto sur E-mail address: (to	gournet Chotmo be used for future annual report notifica	ion)
For further information con	ncerning this matter, please cal	II:	•,
Jorge	Buliz	at (305) 514 - Area Code Daytime To	2499 PS 5
Name of Section 1985.		Area Code Daytime To	elephone Number AHASSEE
,	_	5 465 00 FW 9 4	
\$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Punto Sur Go	ourmet LLC	<u> </u>		
PUNTS SUR GO (Name of the Limited Line) (A Fi	ability Company as it now apper orida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liabili		03/04/2010	and assigned	i
This amendment is submitted to amend the followin	g:			
A. If amending name, <u>enter the new name of the</u>	limited liability company l	<u>iere</u> :		
The new name must be distinguishable and contain the words	'Limited Liability Company." the	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	ODRESS)			
Enter new mailing address, if applicable:		7.20		
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or r registered agent and/or the new registered office		n our records, <u>enter</u>	the name of the	<u>1e new</u>
Name of New Registered Agent:			SE SE	
New Registered Office Address:				
registered Office Address.	Enter Fl	orida street address	A LAN	
_	City	, Florida	Zip,Code €	<u> </u>
New Registered Agent's Signature, if changing Regis	tered Agent:		2: 2 17.11: ORID	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of d agent as provided for in tered office address, I hero	of my duties, and I am f Chapter 605, F.S. Or,	amiliar with an if this documen	d

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>	Address	Type of Action
AMBR	Pita, Manuel	7902 NW 36ST	Add
		Suit 7-8	Remove
		Suit 7-8 Doral, fr 33166	Change
			Add
			□ Remove
			Change
			Add
			Remove
		•	Change
			□ Add
			Remove
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			TDAd t
			ARRIVE TO THE SERVICE OF THE SERVICE
			ARY Change
			2:26 17.4dd 07.10A
			□ Remove
			Change

D. If amei		change(s) here: (Attach additional sheets,	if necessary.)
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<u>Note:</u> 1	we date, if other than the date of filictive date is listed, the date must be specific a lift the date inserted in this block does not ent's effective date on the Department of	ng: nd cannot be prior to date of filing or more than 90 day meet the applicable statutory filing requirement State's records.	(optional) ys after filing.) Pursuant to 605.0207 (3)(t ts, this date will not be listed as the
If the rec (b) The	ord specifies a delayed effective 90th day after the record is filed	date, but not an effective time, at 12 I.	:01 a.m. on the earlier of:
Dated_	November 03	<u>, 2016</u> .	
	Signature of	a member or authorized representative of a member	TALL.
	Jorge	Typed or printed name of signee	MOV 14 PM RETARY OF STAHASSEE, FLO
		Page 3 of 3	PH 2: PH 2: F STAT
		Filing Fee: \$25.00	TE IDA