## 113000008047

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tio Gazpacho, 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:

## Austin V. Allan

Name of Person

Tio Gazpacho, LLC

100 S Pointe Dr, Apt 3506

Miami Beach, FL 33139

City/State and Zip Code

austin@tiogazpacho.com

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

For further information concerning this matter, please call:

Austin Allan

at (202) 716-0810

Area Code & Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tio Gazpacho LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears of imited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on Janua	ary 16, 2013 and as	signed	
Florida document number <u>L13000008047</u>	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Tio Foods LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,	"the designation "LLC" or the	abbreviation	
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADDR	ESS)	13.3	<del></del>	
			* * * *	
			1 ,,,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			15 15 4	
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		20 <u>20 2</u> 0m 2		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses				
Name of New Registered Agent:	.,			
New Registered Office Address:				
	Enter Florida street address			
	· · · · · · · · · · · · · · · · · · ·	, Florida		
	City	Zip Coa	le	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
		<u></u>	
			Add
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			**************************************
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		Remove	

). Jf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
ated C	October 2,1 / 2013
-aicu	Am //
	Signature of a member or authorized representative of a member
	Austin V Allan
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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