L13000016925

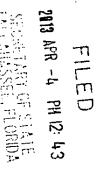
(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: GASTRO ENTERPRISES USA LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GERT HEBSACKER

(Contact Person)

(Firm/Company)

2710 DEL PRADO BLVD 2 - SUITE 250

(Address)

CAPE CORAL FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

GERT HEBSACKER 1, 239 \ 826

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED 2113 APR -4 PH 12: 43

SECR. TAIN OF STATE TALL AHASSEE, FLORIDA

GASTRO ENTERPRISES USA 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 L Florida document number <u>L1300001692</u>		were filed on	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	:	
The new name must be distinguishable and end wi	th the words "Limi	ited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2710 DEL PRADO BLVD. 2		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 250		
		CAPE CORA	AL FL 33904	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered o		<u>e</u> :	ar records, enter the name of the new	
New Registered Office Address:	1639 SE 40th STREET			
New Registered Office Address.	Enter Florida street address			
	CAPE CO	RAL	, Florida <u>33904</u>	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agr	ee to act in this cap	pacity. 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	GERT HEBSACKER	2710 DEL PRADO BLVD.	2
		SUITE 250	Remove
		CAPE CORAL FL 33904	4_
MGMR	MANDI J. CABA	1639 SE 40th STREE	「 ✓ Add
		CAPE COAL FL 33904	
			
			Add
			Remove
			_
			_ Add
			Remove
			.
			Add
			Remove
		 	
			Add
			Remove

D. If at	nending any'other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	,,,
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

218 APR -4 PM 12: 44