

L13000035889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



700251272947

09/03/13--01010--005 **25.00

FILED
2013 SEP -3 AM 11:22
CLERK OF STATE
HALL COUNTY, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

GAMA PASTRIES LLC

SUBJECT: _____
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:

THIERRY ZANON

Name of Person

MACARON HOLDING LLC

Firm/Company

5214 OCEAN BLVD

Address

SARSOTA FL 34242

City/State and Zip Code

contact@macaronholding.com

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

For further information concerning this matter, please call:

THIERRY ZANON

941 323 3797

at ()

Name of Person

Area Code & Daytime Telephone Number

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

2013 SEP -3 AM 11:22
CLERK OF COURT
JANET L. HARRIS
CLERK OF COURT
JANET L. HARRIS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GAMA PASTRIES 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 Liability Company were filed on 03/08/2013 and assigned
Florida document number L13000035889

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

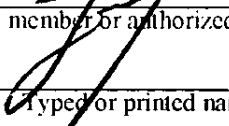
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAGA DEVELOPMENT &	7740 SW 54TH CT APT D	<input type="checkbox"/> Add
		APT D SOUTH MIAMI FL 33143	<input checked="" type="checkbox"/> Remove
		5214 OCEAN BLVD	
MGRM	MACARON HOLDING LLC	SARASOTA FL 34242	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
20 SEP 3 AM 11:22
CLERK OF DISTRICT COURT
STATE OF FLORIDA
MIAMI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST, 29 2013



Signature of a member or authorized representative of a member
THIERRY ZANON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP -3 AM 11:22
FILED
CLERK
FBI
U.S. DEPT. OF JUSTICE