

L13000120414

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

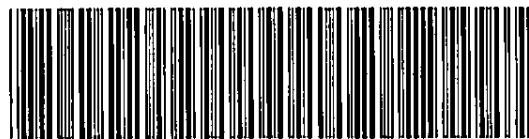
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2018

NICOLE HUESMANN  
150 ALHAMBRA CIR SUITE 1150  
CORAL GABLES, FL 33134

SUBJECT: GASTRONOMIE HOLDING LLC  
Ref. Number: L13000120414

We have received your document for GASTRONOMIE HOLDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed, and is being returned for the following correction(s):

Pages 2 of 3 and 3 of 3 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00019748

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2018 OCT -5 AM 10:28

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gastronomic Holding 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:

Nicole Huesmann  
Name of Person

Gastronomic Holding LLC  
Firm/Company

150 Alhambra Circle Suite 1150  
Address

Coral Gables FL 33134  
City/State and Zip Code

njhuesmann@njhlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Huesmann at (305) 858 0220  
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

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

GASTRONOMIE HOLDING 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 09/09/15 and assigned  
Florida document number L13000120414.

This amendment is submitted to amend the following:

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

GASTRONOMIE HOLDING LLC

The new name must be distinguishable and contain 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)

401 BISCAYNE BOULEVARD

SUITE N219

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 ALHAMBRA CIRCLE

SUITE 1150

CORAL GABLES, FL 33134

**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:

NICOLE J. HUESMANN, P.A.

New Registered Office Address:

150 ALHAMBRA CIRCLE, SUITE 1150

*Enter Florida street address*

CORAL GABLES

*City*

Florida 33134

*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 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 3rd 2018

Signature of a member or authorized representative of a member

Sasa Perisic  
Typed or printed name