11300014643

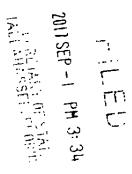
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)	<u>_</u> _	
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



300303160433

09/01/17--01005--001 ++25.00



K SALY SEP - 5 2017

COVER LETTER

TO: Registration Section Division of Corporations USA
SUBJECT: TASTE OF PERU (LC 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:
MAMINCAMEN SEGA
Name of Person
Firm/Company
18004 NW 60+h PC
MIDMI PC 330/1
MIDMI FL 33015 City/State and Zip Code Mau(Carmen. Sega Obstmail. am E-mail address: (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Manus Canmen SEGA at (786) 290 - 2899 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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



TASTE OF F	PERU USA LLC
(Name of the Limited Liability Co (A Florida Lim	OFRU USA LLC OMPANY AS IT NOW APPEARS ON OUR records.) Sited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $_L130001464$	pany were filed on $10-17-13$ and assigned 443
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N(A	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u>×(</u> 5)
Enter new mailing address, if applicable:	ν (Δ
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent: N A	
New Registered Office Address:	Enter Florida street address
	Elovido
	, Florida

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 Title Name 1 <u>Address</u> Type of Action AMBR SEGA MARIACARMEN 18004 NW GOTH PL DAG MIDM, FL 33015 Change AREP DAVID, MELVI _□ ∧dd __ 🗆 Change _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add □ Remove

Change

			<u>. </u>
		-	
	· · · · · · · · · · · · · · · · · · ·		
			7 5
			Se S
			15 To
 .	1 4		ب
		· <u>-</u>	
			
			
		<u>-</u>	
te: If the date inserted	than the date of filing:	le statutory filing requirements, this	s date will not be listed as the
	delayed effective date, but not a the record is filed.	an effective time, at 12:01 a	a.m. on the earlier of:
ted <u>07-2</u>	2-17 Wells		
	Signature of a perioder or authoriz	red representative of a member	
	Signature of a peritor of authoriz	ed representative of a member	