L13000/66793

(Re	questor's Name)	
(Ad	ldress)	
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(Ći	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

1:0V = 5 2014 T. HAMPTON

COVER LETTER

SUBJECT: GOUY	met Chau.	1.C.	
		ted Liability Company	·
•			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Eileen 1 Govrned	Name of Person	. <u>. </u>
	<u> </u>	Firm/Company	
	2651 Sunny	Bright Court	
	Winterf	ORK FL 32792 City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
Eileen Pr	ide	at (407) 620-3	8835
Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	e 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

TO:

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



October 14, 2014

EILEEN PRIDE 2651 SUNNY BRIGHT CT WINTER PARK, FL 32792

SUBJECT: GOURMET CHOW, LLC

Ref. Number: L13000166793

We have received your document for GOURMET CHOW, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 314A00022033

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gourm	et Ch	10W. 11d.	
(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Li Florida document numberL136001(y were filed on 122	2013 and assigned
This amendment is submitted to amend the following	owing:		TAL TAL
A. If amending name, enter the new name of	the limited lia	bility company here:	
The new name must be distinguishable and end with the	words "Limited Lia	ability Company," the designation "l	.I.C" or the abbreviation. L.C.
Enter new principal offices address, if applications	able:		10 N 10 N
(Principal office address MUST BE A STREE	T ADDRESS)		26π ω
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/			Bright Court
registered agent and/or the new registered of	fice address he	re:	as, enter the name of the new
Name of New Registered Agent:	NIA		
New Registered Office Address:			
		Enter Florida street addı	
		Cig _' , I	Florida 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 <u>Authorized Manager</u>	the Managers or Authorized Member o Member being added or removed from o	n our records, <u>enter the title, name, and address</u> our records:	s of each Manager or
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mer	William C. Ballane	e 6822 22NO Ave North	□ Add
		Suite 226	Remove
0		St. Petersburg, FL 32	710
Yres.	Eilen Pride	St. Petersburg, FL 32 2651 Sunny Brisht Ct	update
·		Winter Pank, FL3279	2
			Add
			Remove
		TALLAHASST	□ Remove \$
		C, FLORIDA	T STATE Add
			□ Remove
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date this doc			d date and cannot be more	(optional) than 90 days after
	ment is filed by the Florida Department is filed by	Paid 0	d date and cannot be more	than 90 days after

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORIDATALLAHASSEE, FLORIDA