Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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ARRIS GOURMET LLC

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Electronic Filing Menu

Corporate Filing Menu

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T. HAMPTON

Zip Code

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Arris Gour	· · · · · · · ·	· 955 · • · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records lability Company)	THO E IN
The Articles of Organization for this Limited Liability Company v	vere filed on 3/10/2014	and assigned
Florida document munber L14000040337		DE 7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KYSICA International LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·· <u>·</u> ····
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. It amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the per-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	r address
	Florid	· o

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.

Cin

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

MGR = N $AMBR = A$	lannger Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ioanna Vardis	475 BRICKELL AVE 3715	Add
		MIAMI, FL 33131	X Remove
AMBR	Constantinos Cardassilaris	475 BRICKELL AVE 3715	XAdd
		MIAM), FL 33131	Remove
			Add
			Add
			15 FEB 19 AH : 47 SECRETARY OF STATE TALLIAHASSEE, FLORIDA
			Add

EB-19-2015	08:20	608 827 5501	608 827 5501 P.004
D. If amend	ing auy other	information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
E. Effective (If an effective	date, if other e date is listed	than the date of filing: the date must be specific and cannot be me	(optional) ore than 90 days after filing.) (605.0207 (3)(b)
Dated	02-1	3 2015	
	,,	A. Gurpin	
		Signature of a member or authorized repr	esentative of a member
	Antonios Sik	olas, Member Typed or printed name	of signee

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Filing Fee: \$25.00

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SEVRETARY OF STATE