

L15000028947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

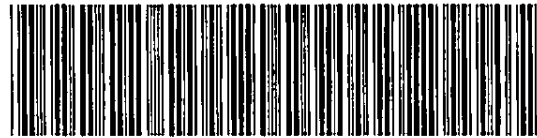
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700301750727

07/31/17--01012--013 \*\*25.00

FILED  
17 JUL 31 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D SCOTT  
AUG 2 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIOSK GOURMET 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:

JULIANA DOS SANTOS

\_\_\_\_\_  
Name of Person

GFS TAX & ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

2001 W CYPRESS CREEK ROAD STE 102N

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33309

\_\_\_\_\_  
City/State and Zip Code

GIL611@LIVE.COM

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

For further information concerning this matter, please call:

JULIANA DOS SANTOS

954

6878952

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

FILED  
17 JUL 31 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## KIOSK GOURMET LLC

Page 1 of 3

17 JUL 31 PM 3:37  
FBI  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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>
AMBR	Oxford Marketing Consulting Inc	2578 Nw 63rd Lane	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUL 31 PM 3:37  
TALAMASSEE COUNTY  
FLORIDA  
SECRETARY OF STATE

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-21-2001 BY 60322 UCBAW

FILED  
JUL 31 PM 3:37  
U.S. DEPT. OF STATE  
RECORDS SECTION  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-19-2001 BY 60322  
UCBAW

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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 July 25th, 2017

CARLO BARBIERI

**Filing Fee: \$25.00**