

L150000 80725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

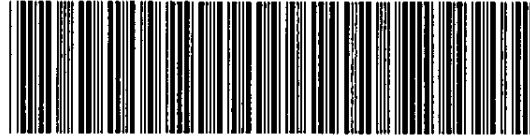
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. G. G. AUG 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ME GUSTA FOOD INDUSTRY 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:

Ruben D. Toro

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 Kingspointe Pkwy Ste. 31

Address

Orlando FL 32819

City/State and Zip Code

rubencpa@bellsouth.net

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

For further information concerning this matter, please call:

Ruben D. Toro

407 370-6445
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

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

FILED
2015 AUG 13 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ME GUSTA FOOD INDUSTRY 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 05/06/2015 and assigned
Florida document number L15000080725.

This amendment is submitted to amend the following:

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

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)

5263 INTERNATIONAL DR. STE. C-2

ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4874 MATTEO TRAIL

ORLANDO FL 32839

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:

GUSTAVO L. PAGLIACCI

New Registered Office Address:

4874 MATTEO TRAIL

Enter Florida street address

ORLANDO

City

Florida 32839

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>
AMBR	GUSTAVO L. PAGLIACCI	4874 MATTEO TRAIL	<input type="checkbox"/> Add
		ORLANDO FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FABIO B. MAURO	4874 MATTEO TRAIL.	<input type="checkbox"/> Add
		ORLANDO FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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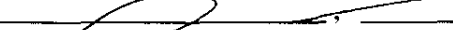
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2015

06 2015



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Gustavo L. Pagliacci

Typed or printed name of signee