L15000130361

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECKETARY OF STATE TALLAHASSEE, FLORIDA

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D. BRUCE NOV 30 2016

COVER LETTER

TO: Registration So Division of Con		9		
	T TEMPTATIONS, LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub	-		
	SEVERINE GIANESE-PI	TTMAN, ESQ.		
		Name of Person		
	GIANESE-PITTMAN, P.A	Α.		
		Firm/Company		
100 N. BISCAYNE BLVD., SUITE 3070				
		Address		
	MIAMI, FL 33132		SE(2016
		City/State and Zip Code	AH H	2016 NOV 28
	SGIANESE@SGPITTMA! E-mail address: (N.COM (to be used for future annual report noti	fication)	NOV 28 F
For further information of	concerning this matter, please c	·	10; S	ם ת
SEVERINE GIANESE-	PITTMAN, ESQ.	305 722-5986	ORID	6.
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &

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

GOURMET TEMPTATIONS, LL		
(Name of the Limi	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited L	iability Company were filed on	07/30/2015 and assigned
Florida document number L15000130361	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability compan	<u>y here</u> :
GOURMET TEMPTATIONS PARIS, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address	on our records, enter the hame of the ne
Name of New Registered Agent:	SEVERINE GIANESE-PITT	MAN, ESQ.
New Registered Office Address:	100 N. BISCAYNE BLVD.,	
	Enter	Florida street address
	MIAMI	, Florida <u>33132</u>
	City	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

Page 1 of 3

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change Change
			OFF DEChange
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			Change
			Remove
			□ Change

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		2016 NOV 28 SEGRETARY TALLIAHASSE	-
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		OR F	
ote: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements, t's effective date on the Department of State's records.		
	rd specifies a delayed effective date, but not an effective time, at 12:00 oth day after the record is filed.	01 a.m. on the earlie	er o
ated	Norauley 22, 2016.		
	Signature of a member of authorized representative of a member		

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Filing Fee: \$25.00