## "L15000 172660

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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TALLARIA SUEE, FLOR TATE

Office Use Only

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## **COVER LETTER**

| Division of Corpo            |  | •   |   |               |
|------------------------------|--|---|---|---------------|
| SUBJECT: PAYM                | COAST Deli                                   | VERY FACTORY L ited Liability Company                               | LC  |               |
|                              | Nano or Em                                   | ico suorily company   |   |               |
| The enclosed Articles of An  | nendment and fee(s) are sub                  | mitted for filing.  |   |               |
| Please return all correspond | ence concerning this matter                  | to the following:   |   |               |
|                              | Ervesto V<br>Palm Gas                        | Name of Person  T Delivery FACTO  Firm/Company                      | Day LLC   |               |
|                              | 7 Clar                                       | Address   | ····  | TALL AIL      |
|                              | Palm COA                                     | St Florida 32 City/State and Zip Code                               | 137   | -5 PM         |
|                              |  | FACTORY @ amail. (a to be used for future annual report notific     |   | 2: <b>56</b>  |
| For further information con- | cerning this matter, please c                | all:  |   | <b>13</b> 47. |
| ERNESTO<br>Name of P         | VillozA<br>erson                             | at (386) 301<br>Area Code Daytime                                   | 7798<br>Telephone Number  |               |
| Englosed 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<br>Certificate of Sta<br>Certified Copy<br>(additional copy is e | atus &        |
| Registrati                   | G ADDRESS:<br>on Section<br>of Corporations  | STREET/COURING Registration Section Division of Corpora             | 1   |               |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(- + n)

| Name of the Limited  |                            | as it now appears on our record<br>bility Company) | <u>s.</u> )                     |             |  |
|--|----------------------------|--|---------------------------------|-------------|--|
| The Articles of Organization for this Limited Liab Florida document number 1500172   | ility Company w            | ere filed on <u>4 /27 12</u>                       | 016 and as                      | ssigned     |  |
| This amendment is submitted to amend the follow  | ing:                       |  |                                 |             |  |
| A. If amending name, enter the new name of th  | <u>ıe limited liabili</u>  | ty company here:                                   |                                 |             |  |
| The new name must be distinguishable and contain the word  | ls "Limited Liability      | Company," the designation "LLC                     | " or the abbreviation "I        | L.L.C."     |  |
| Enter new principal offices address, if applicabl  | le:                        |  | 16                              | A SE        |  |
| (Principal office address MUST BE A STREET A   | ADDRESS)                   |  | <u></u>                         | A P         |  |
|  | ,                          |  | ا ت                             |             |  |
| Enter new mailing address, if applicable:  |                            | 7 CLARKIN  | P. 2:                           | <u> </u>    |  |
| (Mailing address MAY BE A POST OFFICE BO   | <u>)X)</u>                 | talm (oast, Fl                                     | .· 32137 #                      | <u> </u>    |  |
| 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:  | ERNES                      | to VillozA   |                                 |             |  |
| New Registered Office Address:   | 7 Cla                      | RK In.  Enter Florida street address               |                                 | <del></del> |  |
|  | $\mathcal{D}_{\mathbf{k}}$ | / 1  | ~~.~                            | 7           |  |
| -  | _ 7 AIM                    | City, Flo  | orida <u>32   3</u><br>Zip Code | <del></del> |  |
| New Registered Agent's Signature, if changing Reg  | sistered 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

|       | mon it mode   |            |                                       |                 |          |
|-------|---------------|------------|---------------------------------------|-----------------|----------|
| _chan | ges on th     | é Amendy   | ment ar                               | <u>le due t</u> | o equ    |
| DART  | $\mathcal{I}$ | ssolution. |                                       |                 |          |
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Page 3 of 3

Filing Fee: \$25.00

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager<br>uthorized Member |   |                |
|--------------------|----------------------------|---|----------------|
| <u>Title</u>       | <u>Name</u>                | Address                                   | Type of Action |
| MGR                | Bruno A. Abreu             | 111 FARRAGUT CR.                          | Add            |
|                    |                            | Palm Coast, 71. 32137                     | Remove         |
|                    |                            |   | Change         |
| AMBR               | BRUNO A. ASRW              | 111 FARRAGUT dR.                          |                |
|                    |                            | 111 FARRAGUT dR.<br>Palm Loast, Fl. 32137 | Remove         |
|                    |                            |   | Change         |
|                    |                            |   | — जिdd न       |
|                    |                            |   |                |
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