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(Deguarded Name)
(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FEB 01 2017 S. YOUNG TALLAHASSEE FLUIDO

COVER LETTER

TO: Registration Sec Division of Corp					
	ORGANICS, LLC				
SUBJECT:	 				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	JOSHUA R MIMOUN				
		Name of Person			
	GOURMET ORGANICS,	LLC			
		Firm/Company			
	2950 NE 188TH ST APT.	402			
		Address			
	AVENTURA/FL 33180			≟	333
	info@eversproduce.com	City/State and Zip Code		17 JAN 31 PM 4: 01	RET
	E-mail address: (to be used for future annual report notific	cation)	ω	33.23
For further information co	ncerning this matter, please ca	all:		PH	m Gr
JOSHUA R MIMOUN		786 210-9012 at ()		£: 0	FE, FLORIO
Name of	Person		Telephone Number	<u></u>	, P
Enclosed is a check for the	e 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)	I	

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

City	Zip Code
	, Florida
Enter Florida street a	ddress
	
r registered office address on our rec ce address here:	cords, enter the name of the new
<u> </u>	PA FLUE
OX)	_ rn
	AN 31
ADDRESS)	75
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rds "Limited Liability Company," the designation '	"LLC" or the abbreviation "L.L.C."
the limited liability company here:	
ving:	
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bility Company were filed on 02/01/2016	and assigned
I Liability Company as it now appears on our re A Florida Limited Liability Company)	
t ~ x t	bility Company were filed on 02/01/2016 wing: the limited liability company here: rds "Limited Liability Company," the designation ble: (ADDRESS) r registered office address on our recee address here: Enter Florida street a

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fectiv	re date, if other than the date of filing:(optional)	
<u>ote:</u> l	ctive 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 6 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lint's effective date on the Department of State's records.	05.0207 sted as
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of
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	Signature of a member or authorized representative of a member	
	× 1	

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Filing Fee: \$25.00