L160000 25160

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Sec Division of Corp			
cun ie c	GOURMET	•		
SUBJEC	T:		ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		OSCAR GUEDEZ		
			Name of Person	
		GOURMET305, LLC.		
			Firm/Company	
		19671 NW 85TH AVENUI	E	
			Address	
		MIAMI, FL 33015		
			City/State and Zip Code	
		INFO@GOURMET395.CO		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	ill:	
OSCAR	GUEDEZ		305 804-7904 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

GOURMET305, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records, a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 02-05-2016	and assigned
Florida document number L16000025160	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	70 5
		7. F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- 14 (- 1 - 200-17) Augustina	R. 2
		0m -
B. If amending the registered agent and/or registered agent and/or the new registered office ade	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

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>	Address	Type of Action
MGR	MONICA BERINCUA	8335 NW 68TH STREET	_ ■ Add
		MIAMI, FL 33166	_ □ Remove
			☐ Change
		-	
			□ Remove
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fan effect Note: If documen ne reco The 9	the date is listed, the date must be so the date inserted in this block of t's effective date on the Depart and specifies a delayed efforth day after the record	e of filing: pecific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requirement of State's records. Fective date, but not an effective time, a is filed.	90 days after filing.) Pursuant to 605.0207 (cements, this date will not be listed as t
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