# L14000153703

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Document Number)	
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# **COVER LETTER**

	stration Se sion of Cor					
SUBJECT: _	CIBO, LLC					
Name of Limited Liability Company						
The enclosed a	Articles of .	Amendment and fec(s) are sub	mitted for filing.			
Please return a	ıll correspo	ndence concerning this matter	to the following:			
		CINDY LANDREAU				
		<del></del>	Name of Person			
		MENDEN FREIMAN, LL	P			
			Firm/Company	<del></del>		
		5565 GLENRIDGE CONN	NECTOR NE, SUITE 850			
			Address			
		ATLANTA, GEORGIA 30	0342			
			City/State and Zip Code			
		CLANDREAU@MENDEN				
		E-mail address: (	to be used for future annual report notif	fication)		
For further info	ormation co	oncerning this matter, please ca	all;			
CINDY LANI	DREAU		770 559-5577 at ( )			
	Name of	`Person		e Telephone Number		
Enclosed is a c	check for th	e following amount:				
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fce & 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

Est. 1997 ----

# **MENDENFREIMAN**

- YOUR FUTURE IS HERE\*

Cindy H. Landreau (770) 559-5577 CLANDREAU@MENDENFREIMAN.COM

October 7, 2016

### VIA UPS

Florida Department of State Registration Section of Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Articles of Amendment - Cibo, LLC (Our File No. 2412.13)

Dear Sir/Madam:

Enclosed are the Cover Letter, Articles of Amendment changing the name of Cibo, LLC to Pescado, LLC and our check in the amount of \$25.00 to cover the filing fee.

Please email me at the provided email address with confirmation of filing. Please contact me should you have any questions or require anything further.

Sincerely,

Cindy H, Landreau

Paralegal

chl Enclosures

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIBO, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on AUGUST 16, 2016	and assigned
Florida document number L16000153703		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
PESCADO, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	<del>5</del> ÷
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		2 2
Mailing address MAY BE A POST OFFICE BOX)		
		ပ် 🗓
3. If amending the registered agent and/or registered registered agent and/or the new registered office address l		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
		<del></del>	Add
			□ Remove
			☐ Change
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(If an effect Note: I document the reco	re date, if other than to extive date is listed, the date in this int's effective date on the ord specifies a delay both day after the re	nust be specific and block does not me Department of St ed effective da	cannot be prior to date eet the applicable s ate's records.	tatutory filing requir	ements, this date will n	ot be listed a	as the
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Filing Fee: \$25.00