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J. HARRIS

COVER LETTER

Division of Corp		1	
0145 H2277	PARGUITO	GOURMET LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	FABIANNA H. LANGE [DE GONZALEZ	
		Name of Person	
	- 	Firm/Company	
	385 SW 113TH WAY #38	5	
	PEMBROKE PINES, FL	Address	
	PENDRONE PINES, PL 3		
	PARGUITOGOUMET@G		
C. a Coashour in Communication on		to be used for future annual report notificatio	n)
For further miorination co	incerning this matter, please c	1	
DAGMAR OLIVERAS		787 300-0275 at ()	
Name of	Person	Area Code Daytime Tele	phone Number
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
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER A Registration Section	
		Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARGUITO GOURMET LLC		Ì		
(<u>Name of the Limited Li</u> (A F	iability Company lorida Limited Li	y as it no ability Ca	w appears on our records.) ompany)	
The Articles of Organization for this Limited Liabili Florida document number L1700009606 This amendment is submitted to amend the followin A. If amending name, enter the new name of the	ity Company w ng:	vere file 	ed on <u>01/11/2017</u>	and assigned
The new name must be distinguishable and contain the words	"Limited Liabilit	y Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Puter and eximated officer address if applicable		1940 N	 30TH RD #350	
Enter new principal offices address, if applicable (<u>Principal office address MUST BE A STREET A.</u>		HOLL	YWOOD, FL 33021	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON B. If amending the registered agent and/or in the new registered office	registered off	PEMB	V 113TH WAY #385 ROKE PINES, FL 33025 Iress on our records, ent	PH 22 25 er the name of the nev
Name of New Registered Agent:			<u> </u>	
New Registered Office Address: 3:	385 NW 113TH WAY #385 Enter Florida street address			
p				33025
<u>-</u>		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi, company has been notified in writing of this cha	nd complete ped agent as pr stered office a nge.	verform vovidea uddress	ance of my duties, and La. for in Chapter 605, F.S. O . Thereby confirm that the	m familiar with and Or, if this document is limited liability
	If Chang	ing Reg	stered 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>	<u>Address</u>	Type of Action
MGR	ESTEFANIA G. GONZALEZ	385 SW 113TH WAY #385	■ Add
		PEMBROKE PINES, FL 33025	Remove
			Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
	<u>u</u>		Add Signature T
			31 mgg Change 2825
		!	Remove
			Change

If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated 07 26 17	2017 JUL 3 SECALINA
Signature of a member or authorized rep	resentative of a member ω
FABBIANA H. LANGE DE GONZALEZ	P# 2
Typed or printed name of	of signed

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Filing Fee: \$25.00 \[\]