L17000014357

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	MY GOUR	MET LLC			
Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	indence concerning this matter	to the following:		
		MARIA N MOLINA			
			Name of Person	·····	
		MY GOURMET LLC			
			Firm/Company	 	
		11604 NW 86 LN			
			Address		
		DORAL FL 33178			
			City/State and Zip Code		
		sandra@ateaccounting.com			
			to be used for future annual report notific	auon)	
For furthe	er information c	oncerning this matter, please ca	all:		
MARIA 1	N MOLINA		786 641 8825 at ()		
Name of Person Are		Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:			
	0 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**

MY GOURMENT LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Plorida document number L17000014357	were filed on JANUARY 2017 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	6410 NW 104ST PATII			
Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33178			
Enter new mailing address, if applicable:	6410 NW 104ST PATH			
Mailing address MAY BE A POST OFFICE BOX	DORAL FL 33178			
If amending the registered agent and/or registered or egistered agent and/or the new registered office address her				
	_			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	·			
lew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
ompany has been notified in writing of this change.				

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	MARYU C PLATA	11403 NW 89th STREET APT 21:	
		DORAL FL 33178	. ■ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			🗆 Remove
			☐ Change
			Add
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		Ţ.	Change
		· · ·	TO THE REMOVE
			Change

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			1 4			
		ina		(optional	l) g.) Pursuant to	605,0
ective date, if other the effective date is listed, the effective date inserted in the date of the effective d	n this block does no on the Department o	t meet the applicable f State's records.	e statutory filing red	uirements, this dat	e will not be	listed

Filing Fee: \$25.00