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TALLAHASSEE, FLORIDA

S Warren

APR 04 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY GOURMET LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA N MOLINA

786 641 8825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee,
Certificate of Status &
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(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

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JUN 28 1967
U.S. DEPT. OF JUSTICE
NEW YORK OFFICE

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WASHINGTON, D.C.

New Registered Agent

MGR = Manager
AMBR = Authorized Member

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(b) The 90th day after the record is filed.

Dated MARCH 8 2017

[Signature]

MARIA N MOLINA

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