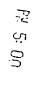
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Office Use Only



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COVER LETTER

יאוע	ision of Cor	porations						
SUBJECT:	IL PASTAI	O & LA PASTA BOUTIQUE, I	LLC					
SOBJECT.	Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fee(s) are subm	nitted for filing.					
Please return	all correspo	ndence concerning this matter to	o the following:					
		Victor Munoz						
			Name of Person	· · · · · · · · · · · · · · · · · · ·				
		Il Pastaio & La Pasta Boutic	que, LLC					
			Firm/Company					
		16347 SW 88 St.						
			Address					
		Miami, FL 33196						
		ilpastaiomiami@aol.com	City/State and Zip Code					
		E-mail address; (to	be used for future annual report notifi	cation)				
For further in	nformation c	oncerning this matter, please cal	II:					
Jessica Orea	muno		786 2006291					
	Name o	f Person		Telephone Number				
Enclosed is a	a check for th	ne following amount:						
□ \$25.00 F	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

TO:

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

IL PASTAIO & LA PASTA BOU			
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	S on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on 02/	/20/2017 and assigned	
Florida document number L17000039406			
This amendment is submitted to amend the fol	lowing:	, . .	
A. If amending name, enter the new name of	of the limited liability company he	بد: re:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE		₩	
	\	· 00	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and	l/or registered office address on	our records, enter the name of the n	
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:			
New Registered Office Address:	16347 SW 88 ST.		
rew registered office riddless.	Enter Florida street address		
	MIAMI	Florida ³³¹⁹⁶	
	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

Title AMBR	Name MUNOZ, VICTOR H	Address 9455 SW 170 Passage, Miami,FL 33196	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Add Ø Remove
			□ Remove
			Add
			□ Remove
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			Add
			□ Remove
			Change
			Add
			Remove
			Change

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ective date, if other than the c	late of filing:	SAME	(optional)	
n effective date is listed, the date must te: If the date inserted in this blo- cument's effective date on the De	be specific and cannot be pric ck does not meet the appli	cable statutory filing requ	an 90 days after filing.) P	ursuant to 605.0 Il not be listed
record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. or	the earlier
November 28	2018			
ted	, , , , , , , , , , , , , , , , , , , ,		1/h	
			//	
	signature of a member or auti	horized representative of a r	nember	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00